MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8416 CERTIFICATE OF DEATH

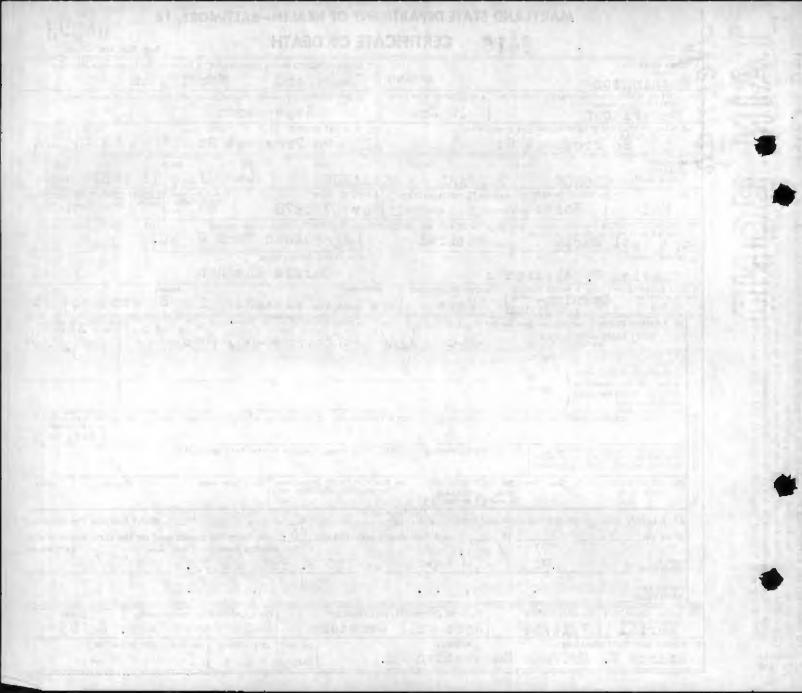
18393 Reg. Dist. No. 302

1. PLACE OF DEATH O. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland Washing ton
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Hagerstown 19 m Mos	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 120 So Prospect St	120 So Prospect St e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) GEORGE BERNARD A	LEXANDER 4. DATE Month Day Year DEATH July 11 1959 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	Nov 17 1876 82 yrs. Months Days Hours Min.
Supt Natl Parks 100 USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) Retired	DUSTRY 11. BIRTHPLACE (Stote or foreign country) Hagerstown Wash Co Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles W. Alexander	Carrie Sheehan
(Yes, ng or unknown)	rs Laura Alexander 120 So Prospect St
PART 1. DEATH WAS CAUSED BY:	Hagerstown Md. J arterisclerus y malaututa interval Between onset and Death See your
450.0 DUE TO	
Conditions, if any, which agave rise to immediate (b)	
couse (a), stating the <u>under-</u>	
	IUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY
CATI	PERFORMED? YES [] NO []
	RED. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work of work 20d. INJURY OCCURRED 20d. INJURY O	PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.) (State)
21. I certify that I attended the deceased from 7/9/54	19
alive an, 19, and that dea	ath accurred at $\frac{4\Lambda}{}$. M, from the causes and an the date stated above
ACTUAL SIGNATURE SOUNCE 11, West	ADDRESS (Street, city or town, stole) M.D. 136 N. Potomac St. 7/11/59
PHYSICIAN'S Howard N. Weeks, M.D.	Hagerstown, Maryland
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial 7/14/59 Rose Hill	Cemetery Hagerstown Wash. Co Md
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Andrew K. Coffman Hagerstown Mc	DATE III 1 4 '59 C Ilun S. Thous

n 24 hours ofter death. Page to funeral director, hould be filed with CIAN: The law requires that the death amtificate be executed be detached for use as the burial-transit permit. Then please remove carbon pap iar to burial, crematian, ar remaval, and in any event within 72 hours after death.

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TO HOSPITAL OR MOSPITAL OR MOS



FOR ST	ATE.	I	tem 21 Fi	lm 246 ME	AND S	TATE DEPART	rme R's	NT OF HEALT	H-BA TE OF	LTIMORE, DEATH			394
HEALTH C	DEPT.	1. 1	PLACE OF DEATH	hington		MARYL	AND	2. USUAL RESIDENCE (V	Where deced	sed lived. If instit b. COUN		nce befo	
sory. plea sclor. Pog your files.			Hagerst			c length of stay in 9 yrs.		c. CITY OR TOWN (II		porate limits, write		give ne	arest town)
erol dire	X		428 W.F.	ranklin St		ítal, give street address))	d. STREET ADDRESS Hage	rstow	a			e. IS RESIDENCE ON A FARM? YES NO
ry delay re fun the state the state			NAME OF DECEASED (Type or print)	LAR	RY	WAIN		ANDREWS	4. DATE OF DEATH	Ju]	Ly	20	19 59
fth. If nd 3 5 mc 2 with hours of			Male	White	WIDOWED	tool to	3	Dec.19, 1935		9, AGE (In years feat birthday) 23 yrs.		Days	Hours Min.
Foge Poge	1	-	Window De	g life, even if retired)		Dept.Store	400311	Frederic	k, Md.	countyl		USA	WHAT COUNTRY
Poges Poges Poges Poges	ノ			Lundy W.An	a may we	OCIAL SECURITY NO.	17 10	Marga	ret R	umpf Address			****
ithin 24 18. Giv with formit. Filling in ony		[Yes,	Yes	(If yes, give war ar dates of "H [Enter only one cou	21	4-34-0034			8 W.F	ranklin		_	
taled with them, I hem,		10		H WAS CAUSED BY:		or tol. tol, and tel. I						ONSET	ANO DEATH
n pencil in er's Office buriol-tron			Conditions, if ar gave rise to immed (a), stating the	liate cause	MA	, AMAHAMAKA	11)	Then	ing	-		Tru	auto .
ending; i	Ž	ATION	PART II. OTH	ER SIGNIFICANT GON	DITIONS CON	NTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERM	INAL DISEAS	SE CONDITION GE	VEN IN PART		WAS AUTOPSY PERFORMED?
Pard "p Medical Medical Medical Medical Mid be a		A	200. EXTERNAL CAU PRIMARY OF OF CON CAUSE OF DEATH.	SE WAS	b. DESCRIBE	HOW INJURY OCCURE	ED. (F	nter nature of injury in Par	t I or Part II	of item 18.}			
ng he Cive or la b	21	MEDICAL	20c. TIME OF INJUR Haur a. m. 2	Y Month, Doy, Yes	While	_ Nat white O	focto	E OF INJURY (Home, form ry, street: office bldg., etc.	20f. [Cil	gerden)	Work	LY!	(S101+)
EXAMI ie, writi led to 1 OR: Pog ent, pr						emoins described ouses []. Accide	_	. Suicide	7	nspection []	, Inquiry		and in my
EDICAL rword rword rect			ACTUAL SIGNATURE	1. Sw.	Du	los de		_M.D. CHIEF MEDICAL EX	(AMINER [1		7	DATE SIGNED
out the stand of the design	2		EXAMINER'S NAME (Type)	TREW	W	1770 h	7	ASSISTANT MEDICAL	EXAMINER [2-	1	12	159
4 sho or its			Burial (Specify) Burial	7/23/5		Frederick A		orial Park	Fred	TION (City, town, lerick			(Stote) Md •
YS. A15ME 5M 2/57	0			Funeral Ch		nc.Hagerst	OWIL	Md . DATE	L 2 4 '5	9 246. REGI	STRAK'S SIGI ILLUM S. 1		
			w	Rece. Q. V	Voso	L U-Pro	20.						

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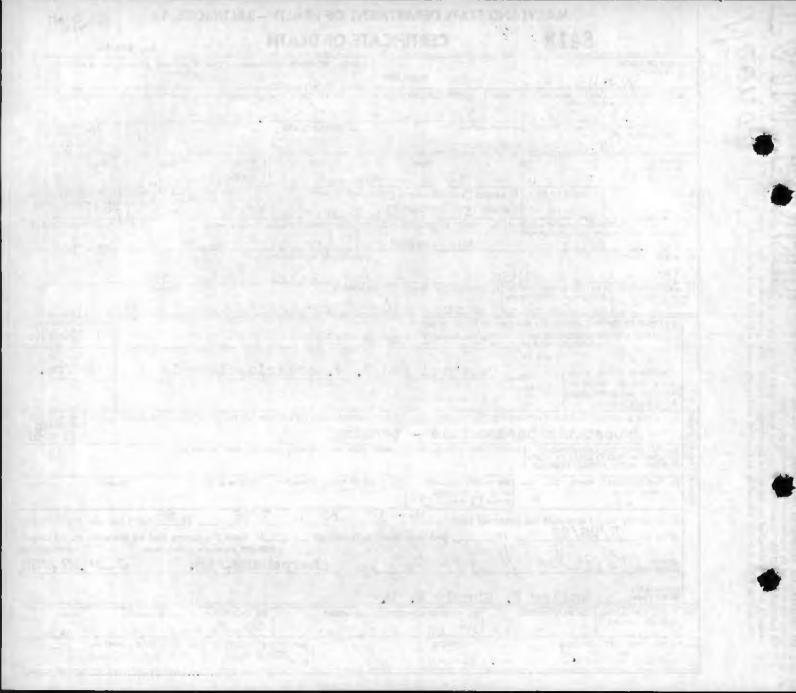
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0220	32.00		Reg.	Dist. No.
PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (Where dec		dence before admission)
WASHINGTON	MARYLAND	MARYLAND	b. COUNTY	METON
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16		corporate limits, write RURAL or	
RURAL and give neorest town)	1 U	V 9 =		,
d. NAME OF HOSPITAL (If not in hospital, give stre	DNE WEEK	X BROWNS	VILLE	10 0000000000
OR INSTITUTION	er oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
MASH, Co. Ho.	SPITAL			YES NO
NAME OF First	Middle	Lost 4. DA		Day Year
OECEASED (Type or print)	12 1	BACKUS	ATH SULU-26-	19.59
	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE UN VANDE UE UNI	DER TYEAR IF UNDER 24 HRS.
-		C. DATE OF BIRTH	lost birthdoy) Month	
ENTRE VYIII	WED DIVORCED	JANUARY -11- 187	9 80 m. 6	15
. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	6. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or fore	ign country) 12.	CITIZEN OF WHAT COUNTRY
HOUSE WIFE	OWN HOME	BROWNSHILLE	WASH CO. MC). 1/18.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	111111111111111111111111111111111111111	2.011
D7 9 11 0		0-5-5-		
WAS DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. I	NERECLA	HAMMOND Address	
es. no. or unknown) (If yes, give wer or dates of service)	,			
NO	NONE 16-1	ANGDON BACKUS	BROWNSVILL	LE MD
18. CAUSE OF DEATH [Enter only one couse per	line for (o), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cerebral thro	ombosis		I MONTH
332 X DUE TO				
	Genelanol and	C. V. arterio	colemate	5 Yrs.
gove rise to immediate	Celebrat and	C. V. al Cello	PCTELODIA	0 110.
couse (a), stating the under-				
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN I	PART 1(6) 19. WAS AUTOPSY
Hypostatic pneu	monitisb- ter	rminal		PERFORMED?
0.1		D. (Enter nature of injury in Part I a	r Port II of item 18.1	1 []
200. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
		4.00 00 10 10 10 10 10 10 10 10 10 10 10 1		
20c. TIME OF INJURY Month, Day, Year 20d Hour a.m. Whi		ACE OF INJURY (Home, form, 20f. ctory, street, office bldg., etc.)	(City or town)	(County) (State)
	rork of work			
21. I certify that I attended the dece	osed from May 1	9 159 10 7/2	26 10 59 that	I last saw the decease
7/06/50			www.damas 17mmm	
alive an 1/48/39 , 19	gnd that death	occurred atM,		
1/2/7/	Cha of 17		SS (Street, city or town, state)	DATE SIGNE
SIGNATURE // GULLY A	1 Lac	M.D. Sharpsbur	rg, Md.	July 27, 59
Provenda Alia	1			
PHYSICIAN'S NAME (Type) Walter H.	Shealy M. D			
BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 224 L	OCATION (City, town, or count	(Stole)
REMOVAL (Specify)	dT Lub CA C	10	Described teny, lown, or count	
BURIAL 644-25:1959	1011 LUKES CE	METERY D	KOWAISVILLE WA	4SH, COMD
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY R	EGISTRAR 24b. REGISTRAR'S	SIGNATURE S. Trans
John St. Raco	DONS130RD M	DATE	CALMA,	a, / Malla

n 24 hours ofter death. Page 4 hould be filed with may be retained by the hospital of tending physician.

D FUNERAL SCIOR: After this certificate has been signed by the attending physician and camplel page 3 share to detached far use as the burial-transit permit. Then please remove carbon papers: the registrar prior to burial, crematian, or remayal, and in any event within 72 hours after death-ICIAN: The law requires that the death certificate be executed may be retained by the hospital of TO FUNERAL SCTOR: After this co TO HOSPITAL OR ATTENDING PHY VS A15 (4) 15M 10/57

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8419	CERTIFICATE	OF DEA
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118396 Reg. Dist. No.

1. PLACE OF DEATH °. COUNT Shington	MARYLAND	2. USUAL RESIDENCE INTO	ere deceased lived. If institut and b. COUNTY	Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If at	itside corporate limits, write l	RURAL and give nearest fown)
Hagerstown	2 days	X Smit	hsburg	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS	٨	e. IS RESIDENCE ON A FARM?
Washington County H	ospital	16 Mapl	e Ave	YES NOA
3. NAME OF First DECEASED (Type or print) Rosa Delila		Last	4. DATE MO OF July	1.0 19 59
5. SEX 6. COLOR OR RACE 7. MARI	HED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	
Female White widow	ED 🖾 DIVORCED 🗌	Dec. 25. 18	75, 83 m	member of the state of the stat
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WITE 13. FATHER'S NAME	Own Home	Beaver (Creek Md.	12. CITIZEN OF WHAT COUNTRY
oseph Kretsir			Weller	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT	f.1	dress
	Mr.	s. Mable B.	Bowman Sm	ithsburg Md.
18. CAUSE OF DEATH [Enter only one couse per line part I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO		ne-orrhege		INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gove rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b) DUE TO	Generalize	ed Arterios	clerosis	10 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				VEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Port II of item 18.)	
Hour o. m. While	Not while for	ACE OF INJURY (Home, form, street, affice bldg., etc.)		(County) (State)
21. I certify that I attended the deceas alive on 7-9-59 , 19 ACTUAL SIGNATURE Charles F. 1		occurred al :50a		,that I last saw the deceased and on the date stated above pate SIGNED 7-17-59
	ess			wid.
220. BURIAL CREMATION, 22b. DATE THEREOF BUT 181 uly 12, 195		urg Luthern	22d. LOCATION (City, town, Smithsbu	or county) _{[sta} [State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b. REG	ISTRAR'S SIGNATURE
Scott To Wanted & C	Smithsbu	rg Md . DATE !!!!	1 4 '59 a	thur S. Krous

the funeral director, shauld be filed with ined by the hospital attending physician.

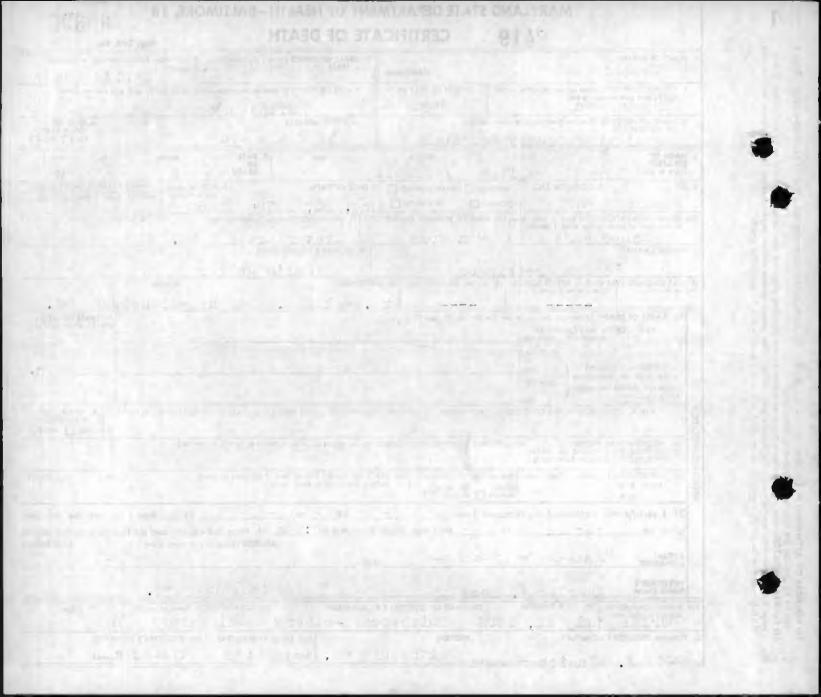
ORECTOR: After the chificate has been signed by the attending physician and cample to be detached for use as the burial-transit permit. Then please remave carbon papers, priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed may be retained by the hospital attending physician.

TO FUNERAL QUECTOR: After the conficue has been signed by the attending physician and camp. the registrar page 3 s

VS A15 (4) ISM 9/S5

within 24 hours often death. Page 4

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tune	should be filed with	
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filled	Poges 1	
as been signed by the attending physician and camp	. Then please remove carbon papers.	ian, ar remaval, and in any event within 72 hours after death.
iigned by	Permit.	d in ony e
CTOR: After the Ithricate has been so	e detached for use as the burial-transit	prior to buriol, crematian, ar remaval, and
Ž,	Ö	prid

TO HOSPITAL OR ATTENDING TITE CLAN: The law requires that the death certificate be executed Titlin 24 haurs after death. Page 4 may be retained by the baspit trending physician. TO FUNERA RECTOR: After to page 3 st. 7 be detached far the registrar prior to buriol, cn.

VS A15 (4) 15M 9/55

842	CERTIFICA	AIE OF DEATH	Reg. Dis	t. No.
n. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where do o. STATE Mary] and	ecessed lived. If institutions Residence b. COUNTY Frede	
b CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16		corporate limits, write RURAL and g	
RURAL and give nearest town Hagerstown	2 days	Rural Midd	letown '	
d. NAME OF HOSPITAL (If not in hospital, give street or institution Vashington County Hosp	address)	d STREET ADDRESS		o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) George	Ad am	TO 2 27 . C	ATE Manth OF TEATH 7	3 19 59
5. SEX 6. COLOR OR RACE . MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	The state of the s	YEAR IF UNDER 24 HRS.
male white widow	ED DIVORCED	12/30/1884	74 yes. Months	Days Haurs Min.
0a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (Stale or for	eign country) 12, CITI	ZEN OF WHAT COUNTRY?
farm owner ret	farm	Maryland		U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
George H. Bidle		Mary Elizal	beth Brown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes, no, or unknown] [If yes, give wer or dates of service]		nformant rs. Virginia 1	Pribbet, Middl	etown, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gave rise to immediate cause (a), stating the under- lying cause lost, PART II. OTHER SIGNIFICANT CONDITIONS Chronic Pyelonephri			DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
		D. (Enter nature of injury in Part I	or Part II of item 1B)	
Haur a.m. While	f-	ACE OF INJURY (Home, form, 20 ctary, street, affice bldg., etc.)	f. (City or tawn) (C	aunty) (Slate)
21. I certify that I attended the decease	sed fram 7/3/59	19, to7/3,	19.59,that I I	ast saw the deceased
alive an	1 Warden	ADDR M.D. 832 Potomac	from the couses and on the ESS (Street, city or town, state) Ave., Hagerstown, Ave., Hagerstown,	DATE SIGNED
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d.	LOCATION (City, tawn, or county)	(Stale)
REMOVAL (Specify) 17/5/1959 23 FUNERAL DIRECTOR'S SIGNATURE	Lutheran C.	emetery 240. RECO BY	Middletown Md	

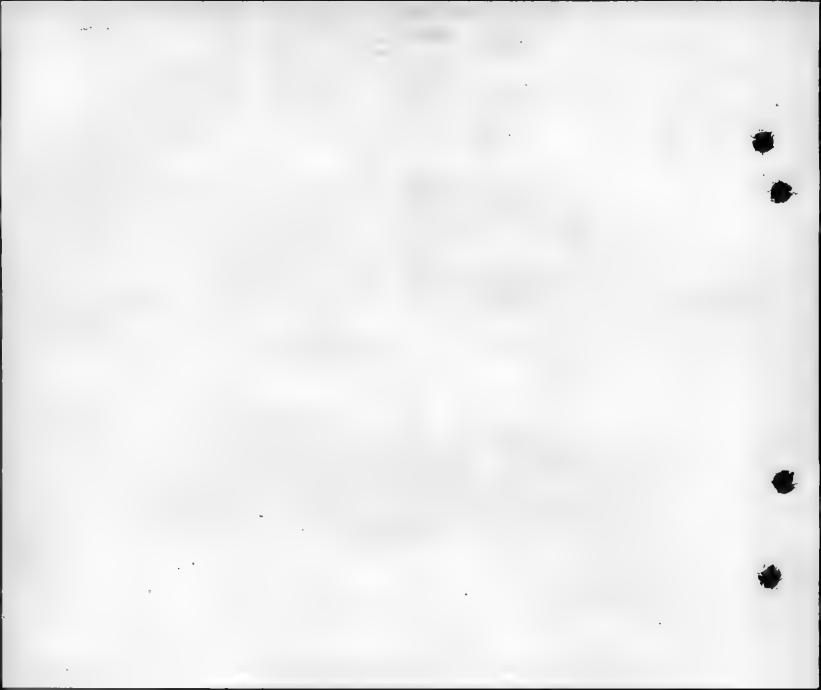
'59

DATE JUL 7

Cothun S. Kines

Gladhill Company, Middletown, Md.





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

thal HOSPITAL 084G0

ON A FARM?

YES 🗍 NO 💆

19

INTERVAL BETWEEN ONSET AND DEATH

hours

vears

PERFORMED?

YES NO DEL

(State)

59

US

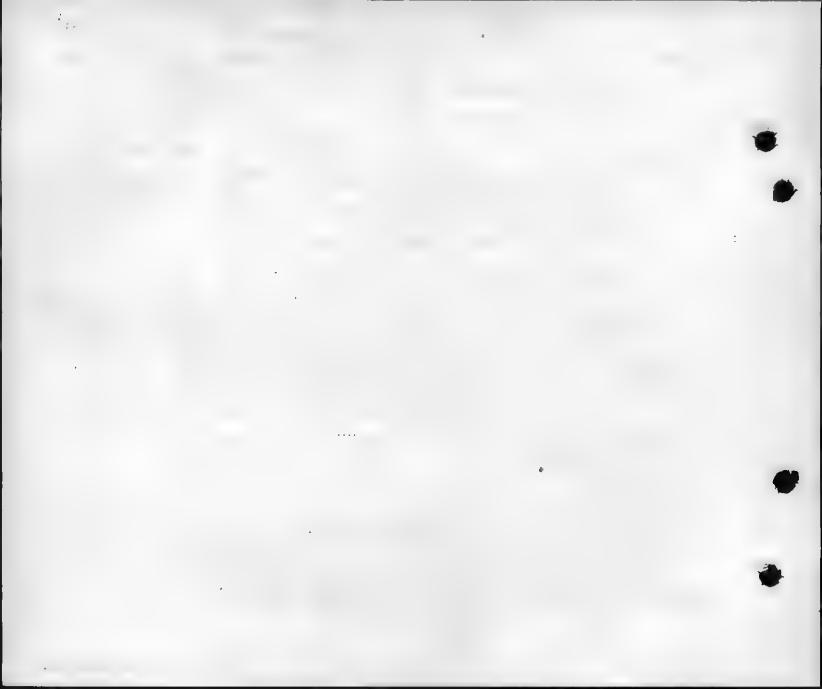
(County)



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	8422 CERTIFICATE OF DEATH Reg. Dis	(184()] it. No.
directo	1. PLACE OF DEATH a. COUNTY ASHIA G-TON MARYLAND 2 USUAL RESIDENCE (Where deceased lived, If institution: Residence of STATE b COUNTY CAR	ROLL
funerol did be	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) AGERS TOWN 7 WKS TANEY TOWN	give nearest town)
Sha	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 12 ESTERN MARYLAND STATE HOSP E. BALTO. ST	e is residence on a farm? Yes \(\) NO \(\)
s 1 an	3 NAME OF DECEASED (Type or print) PILILE ELZENCU Brown DEATH 14/4	Day Year 3 1959
s. Page	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 18. DATE OF BIRTH 9 AGE (In yours IF UNDER	
n poperi	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) HOUSEWORK OWN HOME AIARY LAND	ZEN OF WHAT COUNTRY?
offer	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SAMUEL BROWN'S JULIA A HITCHEN	/
The state of the s	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address If yes, give wor or defee of service)	TLESTOWN DA
nt within	18. CAUSE OF DEATH [Enter only one couse per line for (o) (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) myocardial infarction	INTERVAL BETWEEN ONSET AND DEATH 4 OUYS
ny eve	Conditions, if ony, which (b) Coronary atheroscierosis	unichowoN
in bug	couse (a), stoting the <u>under-</u> (c) Lying cause last. (c)	
lovol,	PART II. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. NAL DISEASE CONDITION GIVEN IN PART 1) Fractine left hip, old. @ Chronic pyelone.phrifis 200 ACCONTRIBUTING ID-CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) FOIL IN home Quy, 1958	1 1(0) 19. WAS ALTOPSY PERFORMED? YES NO
5		
E COLOR	Hour o. m. White Not while foctory, street, office bldg etc.)	County) (Stote)
riol, cre	21. I certify that I attended the deceased fram May 11, 1957, to july 3, 1959, that I la alive an 11143, 1959, and that death accurred at 10:00AM, from the causes and an the	st saw the deceased
o p	ADDRESS (Street, city or town, state)	DATE SIGNED
5 5 7	PHYSICIAN'S NAME (Type) VICTOR L. Ramos Hagerstown, marylan	nd
regist	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown or county)	(State)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE	GNATURE /
J	meriogn C. Fieso Janeyloun Mid DATE	· · · · · · · · · · · · · · · · · · · ·



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



death

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



		453								Reg. C	Dist. No)	
	PLACE OF DEATH	i i					2. USUAL RESIDENCE (W	here decea			ience bei	fore admi	ssion)
	e. COUNTY	Washington	1		MARYL	AND	o. STATE Mary	land	b. COUNT	Y	Was	hing'	ton
_	o. CITY OR TOWN (If	outside corporate fimits, write	RURAL	c. LEI	NGTH OF STAY IN	₹1Ь	c. CITY OR TOWN (IF	outside cor	porote limits, write	RURAL on	d give n	earest to	ern)
	Wi	lliamaport	,		13 yrs		× William	sport					
-	. NAME OF HOSPITA	AL OR INSTITUTION (If not in h	rospital, g	ive street oddress)		d. STREET ADDRESS		04.				ES-DENCE A FARM?
	rr 7 E.	Church Str	tee				114 S. Con	ococn	eague ot	Teet] NO [7
	NAME OF DECEASED	Ch. Fir			Middle		Lost	4 DATE OF	Mani	h	Day		eor_
	(Type or print)	Una	rles		Elmer	G	vender	DEATH	July		17	1	959
5. 5	SEX	6. COLOR OR RACE	7. MAR	RIED 🔀	NEVER MARRIED		DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDE	_		ER 24 HRS.
	Male	White	WIDOW	VED 🔲	DIVORCED [י ו נ	June 23,1893	3	66 yrs.	Months	23	Hours	Min.
100	. USUAL OCCUPATIO	ON (Give kind of work g life, even if retired)	done 10b	. KIND O	F BUSINESS OR IN	IDUSTR	11. BIRTHPLACE (Stote of	or foreign (country)	12. CI			COUNTRY
	Farm			Far	ming		P	enna			US	A	
13.	FATHER'S NAME						14. MOTHER'S MAIDEN N	AME					
		Jesse Car	rend	er			Mary An	n Cr	awford				
15.	WAS DECEASED EVI	ER IN U. S. ARMED FO	RCES? 1			17. INI	ORMANT		Address				0.1
_	Yes	Ill As Mar Mac or offer of		212-	-38-9601	Mr	e. Bertha Ca	vende	r- 114,5	Con	ococ	heag	ue St
	18. CAUSE OF DEAT	TH Enter only one cau	se per lin	ne for (o),	(b), and (c),]						INTE	RVAL BETWI	EEN
		'H WAS CAUSED BY: IMMEDIATE CAUSE (6)		Gu	n shot	toun	d thru skull	and	brain ti	88116			
	976×	DUE TO											
	Conditions, If or	ny, which) (b)											
	gave rise to immed (a), stating the u												
	cause lost.	(c)											
ö	PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBL	JIING TO DEATH	BUT NO	T RELATED TO THE TERMIN	NALDISEAS	E CONDITION GIV	EN IN PA	RT 1(a) 1		AUTOPSY RMED?
3												YES 🔲	№ 📆
CERT FICATION	20g. EXTERNAL CAL	JSE WAS	b. DESCR	BE HOW	INSURY OCCURR	ED. (En	er noture of injury in Part	I or Part II	of item 18.)				
	PRIMARY A or CON			Shot	self in	hea	d with 22 pi	TOTE					
MEDICAL	20c. TIME OF INJUS	RY Month, Day, Yes					OF INJURY (Home, form, y, street, office bldg., etc.)	1.3	y or town)		ounty)		(State)
MEC	12;15 xxxx	July 17 19	59 8	wark 🔲	Nat while		ome	Wil	lliamspor	t, Wa	sh.	Mo	1
	21. I certify th	at I took charge	of the	e remai	ns described	abov	e, held an Autopsy	, 🔲, 1	nspection K	Inqui	ry 🔲	, and	find tha
	death resulted	from: Natural	causes	□, A	Accident [],	Suici	de 🔀, Homicide	□, U	ndetermined o	cause [].		
		nn.	~)		0.0								
	ACTUAL SIGNATURE	Colles	u	DE	eles		M.D. CHIEF MEDICAL EX	AMINER [)			DATE S	SIGNED
		S. Robe	+ M	[a]] a	M.D.		ASSISTANT MEDICA	L EXAMIN	ER 🗂	7-1	7-59	9	
	EXAMINER'S NAME (Type)	D + RODE	72 G II	OTID	, 11.00		DEPUTY MEDICAL E	XAMINER	X				
220	BURIAL CREMATIO	N, 22b. DATE THEREC)F	22c N	AME OF CEMETER	125.S	rematory Listian		TION (City, town,		-	1'A (Stot	0]
E	REMOVAL (Specify)	July 20.	-59	Chi	irch Cer	net	ery	Near	Belleg	rove	25(2)		
23.	FUNERAL DIRECTOR	S SIGNATURE	,	11.7	DORESS		24o. REC'D	BY REGIS	TRAR 24b. REGI	STRAR'S SI			
1	FA/16	11, 101,1	121	1/10	nuchi	7	MCL, DATE	UL 2 0	33	>>0~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	A. FUL		



VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
8425	CERTIFICATE OF DEATH	ſ

Reg. Dist. No. 302

08405

	1, PLACE OF DEATH o. COUNTY			2. US	UAL RESIDEI STATE	NCE (Where	deceased live			e before adm	HSS OM}
	Washington		MARYLAN	ם מ		aryla	nd	b COUNTY	Was)	hingto	n
	b CITY OR TOWN (If outside corporce RURAL and give nearest town) Hagerstann	te limits, write	3 years	Ь		WN (If out)	ide carporote	limits, write I	(URAL and gr	ve nearest to	wa)
	or institution 552 Salem Ave.	pital, give street o	ddress)	d.	STREET ADD	alem	Ave.			ON	ESIDENCE A FARM? NO
	3 NAME OF DECEASED (Type or print) KATHER	First	Middle BELLE	CEARF	POSS	4	DATE OF DEATH	July	nih	Day 11	Year 19 59
	5. SEX 6. COLOR OR	RACE 7 MARRI	ED NEVER MARRIED	0 DATE	E OF BIRTH	-	9 A	GE (In years at birthday)		YEAR IF UN	
	Female White	WIDOWE	D DIVORCED	Jur	ne 6,	1882		77 yrs	MONINS L	Days Hou	Min,
	10a USUAL OCCUPATION (Give kind of during most of working life, even if Rooming House Ope	retired)	KIND OF BUSINESS OR IN OWN Business	IDUSTRY 11			foreign countr e, Benr	_		S.A.	AT COUNTRY?
	13. FATHER'S NAME			14. A	MOTHER'S M	AIDEN NA	WE				
į	George B. Bo	nebrake				Ma	ry Cars	son			
	15. WAS DECEASED EVER IN U. S. ARME (Yes, no. or unknown) 1 (If yes, give wor or or	lates all service)		7. INFORM	ANT				lress		
	no	22	20-34-0193	Mrs.	Nelli	e Flea	ag li F	lagers	town, 1	Maryla	nd
	18 CAUSE OF DEATH [Enter only PART I. DEATH WAS CAUSE	D BY:	e for (a), (b), and (c).]	La	reo.	luo	2 52 L			INTERVAL ONSET AN	ND DEATH
Ì	4201 IMMEDIATE CA	OSE (O)		/	-1/		1			1.0	10. P.C. ob
	Conditions, if any, which a gove rise to immediate		1 Au vela	255	He	rt b	Rocas	L weeks		39	20.
	couse (a), stating the <u>under-lying</u> couse last.	(c)	Hy le Fen	ALA	~					34	'N.
)	PART II OTHER SIGNIFICAN 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING **I** CAUSE OF IT IF EITHER, NOTIFY MEDICAL EXAM	T CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RI	ELATED TO T	HE TERMINA	AL DISEASE CO	NDITION GI	VEN IN PART	PER	S AUTOPSY FORMED?
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF E	EATH	RIBE HOW INJURY OCCU	RRED. (Ente	r nature of 1	njury in Par	il or Part II o	f item 18.)			
	20c. TIME OF INJURY Month, Do Hour o. m.	y, Year 20d. IN While of work	Not while	PLACE OF factory, st	INJURY (Ho reet, office b	me, form, ldg., etc.)	20f. (City or 1	own)	(Co	ounty)	(State)
	21. I certify that I attende				19.17,	10 yeu	9.11	/			e deceased
	dilve dil	1	z, and mai de	am acco	ned ot		JVI, ITOM IN I DRESS (Street,			e dote sto	oted abave.
,	ACTUAL SIGNATURE	Althur-	V	M.D]	159 W.		ington		· ·	own, Md	. 7/13/
	PHYSICIAN'S Philip J	. Hirsh	man, M.D.								
	220 BURIAL, CREMATION, 22b. DATE 1	HEREOF	22c. NAME OF CEMETER			2	24 LOCATION	(City, town,	or county)	(S	tate)
	REMOVAL (Specify) 7/14/3	1959	Rose Hill	Cemete	ery		Hagerst	town,		Mar	yland
	23 FUNERAL DIRECTOR'S SIGNATURE Suter Fune:	ral Home	ADDRESS Hagerstown.	Marro	1		1 5 '59		ISTRAR'S SIGI	1 4	
	i Fill for a		1500 O T D O M 1017	I MALA J	LAWRENCE L	WIE ANT					



1184116

CERTIFICATE OF DEATH

Reg. Dist. No. 302

			7 1 1									VAR' DISI	4 170.	0 0 0
	1. PLACE OF DEA	m ington			MARY	LAND	o. STAT	residence (Whe	era decessi	d lived. If in			before	odmission)
	b. CITY OR TO	WN IIf outside corpora	te limits, w	rite c LE	NGTH OF STAY	IN 1b	c. CITY	OR TOWN (If o	utside corp	orote limits, w	rrite RUI	AL and gi	ve near	est town)
	RURAL ond Hage	rs town R	# 4	4:	5 Yrs		X			m R #	1			
	d. NAME OF I	OSPITAL (If not in hosp	oitol, give si	treet oddres	5)		/d STRI	ET ADDRESS						. IS RESIDENCE
		adfording	Roa	d			Br	padfor	ding	Road				YES NO
	3. NAME OF DECEASED		First		Middle			Last	4. DATE		Month		Day	Yeor
	(Type or print)	CORN	ELIA]	KATE	- 0	HAPM	AN	DEATH	July	13	1959	9	19
	5. SEX	6. COLOR OR	RACE 7.	MARRIED	NEVER MARRIE	D 🔲	B DATE OF	BIRTH		9. AGE (In last birth	,			IF UNDER 24 HRS.
	Femal	e White	WID	OWED 🔲	DIVORCE		Dec	7 1881		77	yrs.	Months C	Pays	Hours Min.
	100. USUAL OCC	JPATION (Give kind of	work done	10b. KIND	OF BUSINESS O	R INDUS	TRY 11. BIR	THPLACE (Stote	or foreign	country)		12. CITIZ	EN OF	WHAT COUNTRY?
	House	of working life, even if it will fe	retired)	Own	Home		Mi	idlebu:	rg Fo	rankli	in (b Pa	1	USA
	13. FATHER'S NA							IER'S MAIDEN N						
	John	Muritz						Susan	na Sv	risher	r e			
		EDEVER IN U. S. ARME		16. SOCIA	L SECURITY NO	17. ft	FORMANT				Addres	15		
	NO NO	Mo No	ulas of service)	Non	е	Edg	ar G	Chap	man I	Hager	stov	vn R	#4	
		F DEATH [Enter anly		per line for	(a), (b), and (c).			Mary.	land				INTE	RVAL BETWEEN
ı	PART	I. DEATH WAS CAUSEI IMMEDIATE CA	D BY USE (a)										Oldst	I AND DEATH
	420		UE TO	and the same	Ø.	- CP 00	~ <	ZOX	-	1 6				
ı	1	, if any, which)	(b)	Cen	leri.	Lo	terre	(m) // 6	arl	The	20		2	-gear
		to immediate D	UE TO											
	lying couse		(c)										l′	
	Z PART	I. OTHER SIGNIFICAN		ONS CONTR	BUTING TO DEA	TH BUT	NOT RELATE	D TO THE TERMI	NAL DISEA	SE CONDITIO	N GIVE	IN PART	I(o) 19	. WAS AUTOPSY
)	Z													PERFORMED? YES NO 14-
	O (IF EITHER, N	NT WAS UNDERLYING UTING [] CAUSE OF D OTIFY MEDICAL EXAM	DEATH INER)	DESCRIBE	HOW INJURY O	CCURREE	Enter not	ure of injury in I	Part I or Pa	rt II of item 1	B.}			
	20c. TIME OF Hour	INJURY Month, Do	. V	Vhila l	OCCURRED Not white			IRY (Hame, form office bldg., etc.		ly or town)		(Co	unty)	(Stole)
	₹	p. m.	19 0	t work 🔲 o	of work		,		-	4				
	21. I certi	fy_that attended	d the dec	ceased fr	am. O	201	, 19	2Z_, ta_/		37, u	25	that I lo	ist sa	w the deceased
	alive an_	1-43-	5_7	12	, and that	death	occurred						tob e	e stated above.
	ACTUAL	1 51		0	4			1/	DDRESS (Street, city or	town, st	ole)	1	DATE SIGNED
	SIGNATURE_	11.10	1	111	201		и.b. <u>S</u>	Taking	, della	Mrs.	<u>5</u>	1007		1/34
1	PHYSICIAN'S NAME (Type	TITE	= W	770	1-10	7								1 1937
	220. BURIAL, CRE		HEREOF	22c.	NAME OF CHA	TERY O	CREMATO	RY	22d LOC/	ATION (City, 1	own, or	county)		(State)
	Buria Buria	1 7/16/	⁷ 59	Ro	se Hil	1 Ce	emete	ry H	ager	stown	Ta:	sh. (Co_	Md
	23. FUNERAL DIR	CTOR'S SIGNATURE			ADDRESS				D BY REGIS	TRAR 24b	REGIST	RAR'S SIGN	MATUR	E
	Andrew	K. Coffne	n Ha	gers	town Ma	d.		DATE	L 1 7 '	9	ant	wy S. 1	Time	

the funeral director, should be filed with TO HOSPITAL OR ATTENDING PHYZICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital trending physician.

TO FUNERA RECTOR: After the certificate has been signed by the attending physician and complex page 3 st. (a be detached for use as the buriol-transit permit. Then please remove corbon papers. The registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 842 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) COUNTY Washington rector, Poge ryour files. Weshirls ton rvland MARYLAND b CITY OR TOWN III outside corporate limits, we to RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give pearest found our $1~\mathrm{Hr}$ Hagerstown Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street address) d. STREET ADDRESS W. IS RESIDENCE ON A FARMY Fairchild Aircraft Plant Antietam YES NO X 3. NAME OF DECEASED Middle 4. DATE Yeor (Type or print) NMN EL MER CHONES DEATH July 1959 19 6 COLOR OR RACE 7. MARRIED K NEVER MARRIED 1 8 DATE OF BIRTH 9 AGE (In years IF UNDER TYPAR IF UNDER 24 HES 57 Months Days Hours Ma.1 e WIDOWED [7] DIVORCED [100 USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? ificate should be executed within 24 hours ofter deal pending" in pencil in Item 18. Give Pages 1, 2, or cal Exominer's Office along with form PM3. Page used as a buriol-tronsit permit. File pages I and USA Fairchild Chicago Cook Co Ill ile poges 1 o Guard THE FATHER'S NAME 14. MOTHER'S MAIDEN NAME (Unknown) Jenny Abraham Chones 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Katherine R. Chones 137 E. Antietam St Yes 8-24-8841 Hagerstown Md. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL SETWEEN PART I. DEATH WAS CAUSED BY: Gun shot wound into chest - hemmorhage and IMMEDIATE CAUSE (o) shock DUE TO Conditions, if any, which gave rise to immediate couse **DUE TO** (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO Z 20b DESCRIBE HOW INJURY OCCURRED (Enter notice of injury in Fort lar Fort la fort last last Shot self in chest with 38 revolver 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f. (City or town) 20c TIME OF INJURY Month, Day, Year (County) (Stole) factory, street, office bldg., etc.) While Wash MdFactory Hagerstown of work at work 21. 1 certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry and in my orded CTOR: opinion deoth resulted from: Natural couses , Accident , Suicide M. Homicide M. Undetermined monner DATE SIGNED CHIEF MEDICAL EXAMINER [7] ASSISTANT MEDICAL EXAMINER [EXAMINER'S S. Robert Wells. M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION | 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 27d LOCATION (City, fawn, or county) REMOVAL (Specify) purial Rose Hill Cemeterv Hagerstown Wash 2 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR S SIGNATURE VS. A15ME Coffman Hagerstown Md. 5M 2/57 DATE

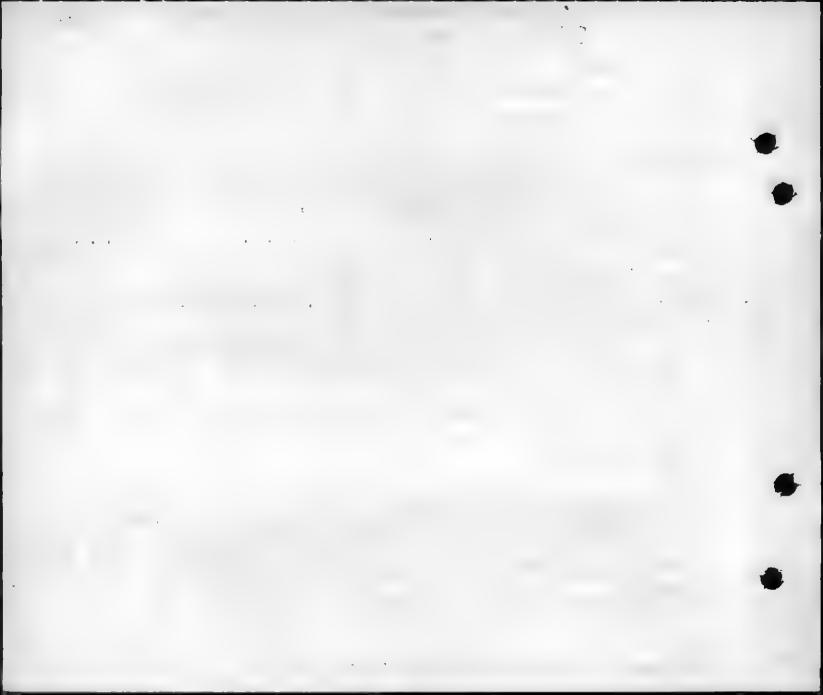


`		OTA		CERTIFIC	AIE OF L	CAIR	•		Reg. Dist. N	0.	
1	1. PLACE OF DEATH o. COUNTY Was	shington		MARYLAND	II a CTATE	DENCE (Whe	re deceased lived nd	. If institution b. COUNTY	Residence be		,
	b. CITY OR TOWN (I RURAL and give no Hagersto		ts, write	c. LENGTH OF STAY IN 16	c. CITY OR		tside carporale li HAGERST		RAL and give n	earest taw	n)
4	d. NAME OF HOSPIT OR INSTITUTION	Mashington	ty Hospital	d. STREET A	d. STREET ADDRESS			*	ON /	ON A FARM? YES NO	
	3. NAME OF DECEASED (Type or print)	SYLV	14	Middle Mae	DAV	5	4. DATE QF DEATH	Mont!	2_	y Y	1959
	5. sex Female	6. COLOR OR RACE White	WIDOWE			30, 189	97 2	birthday) yrs.	Manths Days		ER 24 HRS Min.
	10a. USUAL OCCUPATIO during most of wark COME	10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of warking life, even if retired)				RYHPLACE (State or foreign country) Henry, W. Va.			12. CITIZEN OF WHAT COUNTRY.		
١	13. FATHER'S NAME George Farris				ME Smith						
/	15. WAS DECEASED EVE (Yes. no. or unknown)	R IN U. S. ARMED FOR	CES? 16. S		INFORMANT William 1			Addre			
	Conditions, if or gove rise to it cause (a), stating lying couse last.	mmediate the under-	a	time	He	·	4		08	TERVAL BI	ken.
3	3			ONTRIBUTING TO DEATH BU					N IN PART I(a)	19 WAS PERFO YES	AUTOPSY ORMED?
	OR CONTRIBUTING	MEDICAL EXAMINER)	ZOO. DESCI	RIBE HOW INJURY OCCURR	co. (ciner nature a	r injury in re	in i dr ram ii dr	irem is.j			
	20c. TIME OF INJUR Hour a. p. p. m.	Y Month, Day, Yes	20d. IN. While at wark	Not while TO	LACE OF INJURY (octory, street, affice	rlome, farm, bldg., etc.)	20f. (City or to	vn)	(Count))	(Stote)
	21. I certify that I attended the deceased fram										
	PHYSICIAN'S NAME (Type)		0					4			
	220. BURIAL, CREMATIO REMOVAL (Specify)	July 28		Zc. NAME OF CEMETERY C		2	2d. LOCATION (county)	(Sto	ie)
	23. FUNERAL DIRECTOR	s signature	e	ADDRESS Westernport	, Md.	240. REC'D DATEJUL	BY REGISTRAR	24b. REGIST	RAR'S SIGNATI	JRE	

with 24 hours after death. Page 4 in the funeral director, a should be filed with TO HOSPITAL OR ATTENDING PERSICIAN: The law requires that the death certificate be executed may be retained by the haspital fending physician.

TO FUNERAL PRECTOR: After this factor has been signed by the attending physician and cample page 3 shows the detached far use as the burial-transit permit. Then please remove carban papers the registrar prior to burial, crematian, ar removal, and in any event within 72 figures death. VS A15 (4) 15M 9/55

M



FOR STATE HEALTH DEPT eral director. Page for your files.

7,3

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8428 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08409

					Keg, Dist, No.				
1, PLACE OF DEATH	** * *		2. USUAL RESIDENCE (V		tution: Residence before admission)				
	Washington	MARYLAND	Md		Balthmore				
and give requisit for	(if outside corporate limits, write RUPA), vin)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, writi	e RURAL and give nearest town)				
Hagers		1 9 hours	Baltir	nore	*				
	TAL OR INSTITUTION (If not in h	ospito [†] , give street address)	d STREET ADDRESS		e IS RES DEN E ON A FARM?				
wasn.	Co. Hospital		6511 Baltimore Ave., YES NOX						
3. NAME OF DECEASED (Type or print)	Gilbert	Allen Du	keman	4 DATE Mont	th Doy Yeor 20 19 59				
5. SEX		RIED INEVER MARRIED B	DATE OF BIRTH	9. AGE (In years	IF UNDER LYEAR IF UNDER 24 HRS.				
male	white WIDOW		June 6, 1929	test brithday) 30 yrs.					
during most of work	ION (Give kind of work done 10bing life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sigle	or foreign country)	12. CITIZEN OF WHAT COULTRY				
labore	er Be	thlehem Steel _	Altoona,		USA				
Robert	A. Dukeman		Catherin	ne Isabell Cra	mer				
15. WAS DECEASED E	VER IN U. S. ARMED FORCES? 116	S. SOCIAL SECURITY NO. 17. H		Address	THE PARTY AND A STATE OF THE PARTY AND A STATE				
(Yes, na. or unknown)	[III yes, give war ar dates of service]	182-22-1400 Rob	ert A. Dukema						
	ATH [Enter only one cause per lin				TINTERVAC BETWEEN				
	Mark 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· ·	n: Closed fr	noture It famu	ONSET AND DEATH				
1 1		slocation rt hi							
The JK		ltiple fracture			Le				
Conditions, if	ediote couse	acture ribs; In	tra-abdomin	al injuries-					
(v), stating the		Shock							
	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT BELLTED TO THE TERM	Like Control of the C	VEN IN PART 1(0) 19. WAS AUTOPSY				
5					VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 7				
200. EXTERNAL CA	ZINIRIDU (IINO E.)	BE HOW INJURY OCCURRED (E	nter nature of injury in Port	For Part II of item 18.)					
	•	Driver of auto			-on collison				
20c. TIME OF INJU		INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form	20f. (City or fown)	(County) (State)				
8 6 130 P. m.	July 19 19 59 of	vork of work	ry, street, office bldg., etc.) Z hway	Rural- Clea	repring Wash Md				
21. I certify t	hot I took charge of the								
	resulted from. Notural		. / 1	iomicide []. Undete					
ACTUAL SIGNATURE	Robert	wells	_M D. CHIEF MEDICAL EX	AMINER []	DATE SIGNED				
EXAMINER'S NAME (Type)	S. Robert	Wells, M.D.	ASSISTANT MEDICAL E		7-20-59				
27a. BURIAL CREMATION REMOVAL (Specify	ON. 226 DATE THEREOF	22c NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town,	or county) (State)				
burial	7-22-59	Bald Eagle		Curtin	Pa.				
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	24a. REC'C	BY REGISTINAR 246 REGI	STRAR'S SIGNATURE				
Fred W. Kr	aiss Hagers	town, Md.	DATE	UL 21 '59	Lithua & House				

TO DEPUTY MEDICAL EXAMINE 4 should VS. A15ME 5M 2/57

O DEPUTY MEDICAL EXAMINED 3; s certificate should be executed within 24 hours after death. 1/22y c execute the certificate, writing food "pending" in pencil in them, 18. Give Pages 1, 2, and the 4 should broaded to the cell Medical Examiner's Office along with farm PM3. Page 5 m3, for a prunk of MECTOR; Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the arits designated agent, priar to burial, crematian, ar removal, and in any event within 72 hours after



8471 CERTIFICATE OF DEATH

Reg.	Dist.	No	

0911					Reg. Dist. No.								
1,	PLACE OF DEATH COUNTY V. ASHINGTON			MARYL	AND	2 USUAL RESIDENCE (WE STATE MARY!		d lived If institution b COUNTY	b COUNTY WASHINGTON				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL HAGERSTOWN			TITLE			orate limits, write RURAL and give nearest tawn)						
		TAL (If not in hospital of	ve street	LIFE		/d. STREET ADDRESS RT.#2 I		RSTOWN STOWN		o. IS RESIDENCE ON A FARM? YES NO Y			
3.	NAME OF DECEASED (Type or print)	HELEN)	VIRGINIA		Lost EBY	4. DATE OF DEATH	Mont	9	Day Year 19 59			
	FEMALE	WHITE	WIDOWI			8. DATE OF BIRTH 10/30/191		last birthday) 46 yrs.	Months Do	EAR IF UNDER 24 HRS. 193 Hours Min			
L	HOUSE	ON (Give kind of work d king life, even if retired)	ane 10b.	HOME	INDUS	TRY 11. BIRTHPLACE (SIGNA MARYLA	MD	ountry)		N OF WHAT COUNTRY			
13.	EDGAR	Sam tame				14 MOTHER'S MAIDEN N							
15		STRITE R IN U S. ARMED FORCE	EC2 14	COCIAL CECURITY NO	117 (6	MARY M.	MAR		- CALCAL	RSTOWN			
(Ye	2 MgOs negsomu)	(III yes, gave wer or dotes of se	(AICB)	NONE			EBY	MI		TUOTOWN			
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which) (b) (Clarific Of OTA)								INTERVAL BETWEEN ONSET AND DEATH LLV General Franklis				
Z	gove rise to in couse (o), stating lying couse last. Part II OT	the under-		ONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TERMI	NAL DISEASI	E CONDITION GIVE	N IN PART II	nillo WAS AUTOPSY			
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)												
	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	206. DESC	TRIBE HOW INJURY OCC	LURRED). (Enler nature of injury in l	Part I or Part	t II of item 18.)					
MEDICAL	Hour o.m.	RY Manih, Day, Yea 19	While at work	Not while	fac	ACE OF INJURY (Home, farm tary, street, affice bldg., etc	1		(Cov				
	21. I certify the alive on 7/	nat I offended the	decease _, 12	and that d	leath		M, from		nd an the late)				
		. I brewol	ttron.	·		4	, ,	.[m;-]-	7	ar and an of the standard makes and an art of the standard makes and the standard makes and the standard makes			
220	BURIAL CREMATIC	7/12/		22c. NAME OF CEMET				TION (City, Town, or	caunly)	(State)			
23.	FUNERAL DIRECTOR		2	ADDRESS	-	7 11	D BY REGIST	1 1	TONIGN				

- ► VS A15 (4) 15M 9/S5



death? Page



TO HOSPITAL OR ATTENDING PHY ITAN: The law requires that the death certificate be executed with may be retained by the hospital certificate has been signed by the attending physician and campletery page 3 shaulo be detoched for use as the burial-transit permit. Then please remaye carbon papers. Page the registrar prior to burial, cremation, ar remayal, and in any event within 72 hays often death.

VS A15 (4) 15M 9/58

\$ 24 hours ofter death. Page 4 he funeral director, shauld be filed with

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8430

CERTIFICATE OF DEATH

08412 Rea. Dist. No.

o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE Md.	re deceased lived. If institution b. COUNTY	on: Residence before admission) Wash.
Disha and ann annual annual	length of stay in 16	c. CITY OR TOWN (If ou	tside corporate limits, write R	URAL and give nearest town)
d NAME OF HOSPITAL (If not in hospital, give street address of institution Manor Nursing I	ess) Home	d STREET ADDRESS / 114 A13	Len Ave.	e IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print) Pearley	Victor	Ford	4. DATE Mon OF DEATH	fuly 31, Year
5. SEX male 6. COLOR OR RACE 7. MARRIED [White Widowed 2		B. DATE OF BIRTH Jan. 25, 187	9. AGE (In years lest birthday) yrs	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)	atore atore	Harmonsby	r foreign country) arg, Penna.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James Ford		14. MOTHER'S MAIDEN NA	Sally A.	Henry .
(Ver no or volvenus) - (If as data of course)		dwin C. For	d, Hagerstov	
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying cause lost.	2-34/			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WA PER YES [200. ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of ilem 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c TIME OF INJURY Manth, Day, Year 20d, INJUR	RY OCCURRED 20e PLA	ACE OF INJURY (Home, form,	20f. (City or tawn)	(Caunty) (State)
Hour o m. 19 While of work	1401 Millie	tary, street, office bldg , etc)	,	
21. I certify that Lattended the deceased alive an 723 3 1934 ACTUAL SIGNATURE ROBERT	amphell Camphe	1 Hage	W, from the causes an ADDRESS (Street, city or town,	Mid 7/31/5
burial Aug. 3, 1959	Glenwood	Cemetery	Conneaut,	or county) (State) Ohio.
23. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & Son,	ADDRESS Hagerstown			STRAR'S SIGNATURE

ing simple

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8431 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08413

								Reg	Dist. No.	UUD
1. PLAC	CE OF DEATH		The second second			2. USUAL RESIDENCE (V		ed If institution: Re	midence before	e odmission)
े पि	ashing	ton		MARY	AND	° si Waryla	nd Wa	a silving to	n	
P CI.		outside corporate Laids, walk	e RURAL 4	LENGTH OF STAY	N 16	c. CITY OR TOWN (II		The second secon	w-15-w tax	rest town)
	agerst			1½ Hrs		X Sharps	burg R	# 1		
Q N		AL OR INSTITUTION (ol, give street address)	d STREET ADDRESS	-		Te	IS RES DEN' E
W	"sh. C	ounty Hos	pital			Rural			,	YES NO []
	AE OF EASED	Fir		Middle		Lost	4. DATE	Month	Doy	Year
	e or print)	LINDA		MAY	FUL	TZ	DEATH J	uly 30]	L959	19
5. SEX		6. COLOR OR RACE	7 MARRIED	NEVER MARR EQ	8. D	ATE OF BIRTH	9 AC	forethelm A		UNDER 24 HRS
	emale	White	WIDOWED [- to		ot 11 195		yrs. Mg'h	Doys H	lours Min.
10a. USI durin	UAL OCCUPATION IN THE PROPERTY OF WORKING	ON (Give kind of work of life, even if retired)	done 10b KIN	D OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Stote	or foreign country	1		WHAT COUNTRY?
	None			Infant		Hagersto	wn Wash	Co Ma	USA	
	HER'S NAME				1	4. MOTHER'S MAIDEN I				·
		Daley Ful				Ruby Ha	ines			
[]Yes, NO, (er surnowy)	ER N. U. S. ARMED FO. (Il yes, give war or deter of	service)	n 48		DRMANT	7 + (7)	Address	11 2 m	JI. ¬
- dispra-qua-tra-tra	No	*		None	Jun	ior D. Fu	ltz Sha	rpsburg	Md. R	. ₩ 🔟
18,		TH [Enter only one could be co	use per line for	(o), (b), and (c).		10 01	.1.11	/	ENEERVAL CINSEE A	
	PARI I, DEAI	IMMEDIATE CAUSE (0)	Jus	churs 1	1/1	trulf +	N Xu	secon	3	hour
	904	DUE TO		/						
	onditions, if o verise to imme						C. Milatana or assessed surgery		1	
(0)), sloting the									
- COI	use lost.) (c)	DITION IS 501	The state of the s						_
CATION	PART II, OT	IER SIGNIFICANI CON	DITIONS CON	IRIBUTING TO DEATH	BU NO	RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN P		WAS AUTOPSY PERFORMED? NO
E 20a	MARY ENTERNAL CAL MARY ENTER COI USE OF DEATH.	SE WAS TRIBUTING 1	DESCRIBE H	While M	RED (Enla	rengiuse of sejury in Port	for Part It of iter	in 18 /	11	No PROCEST NA
	TIME OF INJUI	Y Month, Day, Yes			PLACE	OF INJURY (Home, form	20f. (City of los	vn) [County	(Stote)
MEDI	p. m.	7-901X	19 While of work	Not while of work		afreet, office bldg., etc.	That	Jues V	Jook	mel
21	. I certify th	at I took charge	of the rer	nains described	above	, held an Autops	y , Inspec	tion Inq	uiry 🗖.	and in my
орі	inion deoth	resulted from: 1	Natural cad	ses , Accid	ent 🛂	Suicide [],		Undetermined		
	TUAL	(SW)	Out			A.D. CHIEF MEDICAL EX	(AMINER 🖺		7/0	ATE SIGNED
	5	E 22 3		//		ASSISTANT MEDIC	AL EXAMINER		[34];	23
EX/ NA	AMINER'S	Is #: "TEL	HIREL	on St		DEPUTY MEDICAL	EXAMINER 🔲	/	/3/	
220. BUI	RIAL CREMATIO	N 7225 DATE THEREO		NAME OF CEMETER	RY OR CR	EMATORY	22d LOCATION (City, town, or county	y)	(Stote) Til V
	MOVAL (Specify)	8/1/59) S		rch	Cemetery	Slanesv	ille Han	moshir	e Co
	IERAL DIRECTOR	_		ADDRESS		240 REC'	D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE	
Ar	ndrew K	. Coffman	n Hage	rsyown M	d.	DATE AU	IG 3 '59	(, , , e	S. Frank	
.pl	,		-				white and the state of the same of	Andrew Committee	and the same of the same of	7-1-1-1-1-1

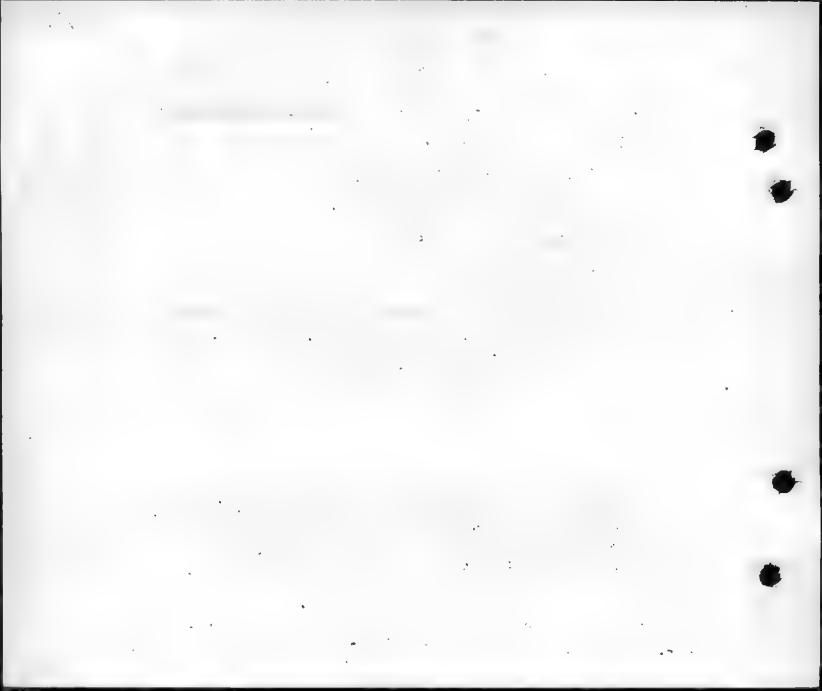
VS A15ME 5M 2/57

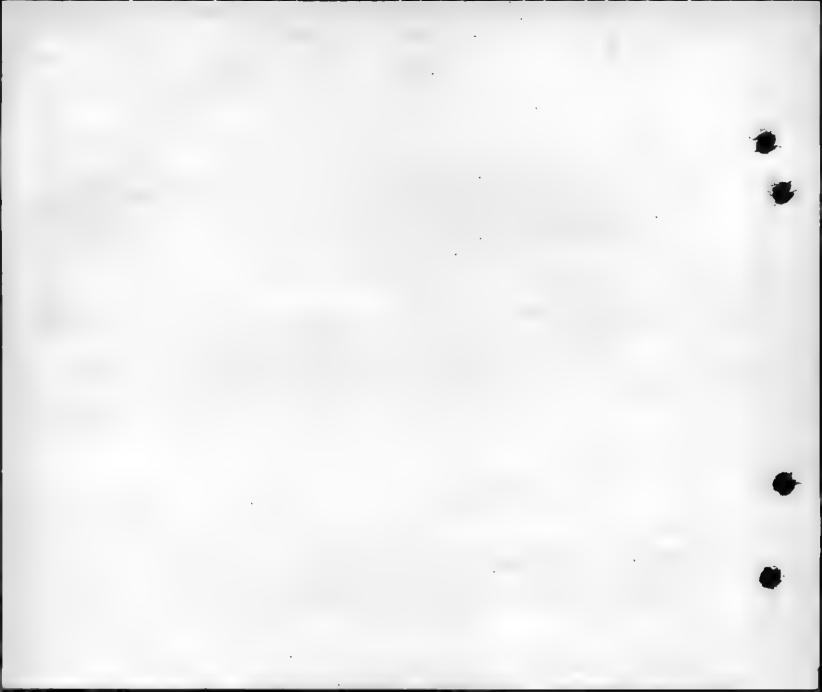
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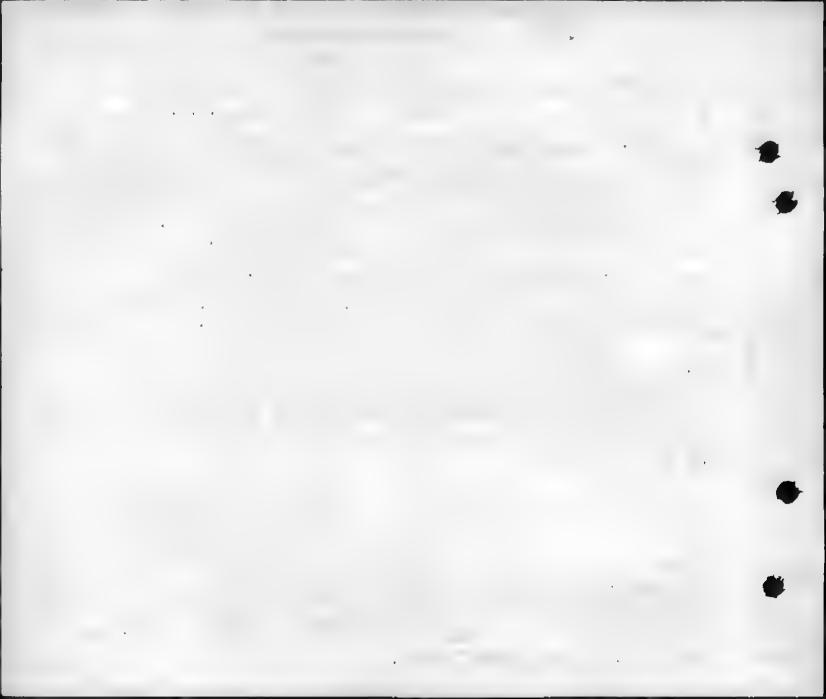






thin 24 hours ofter death; Page ottending Š signed it permi peen erhificote RECTOR moy be r C 9 VS A15 (4) 15M 9/55

19.5 Ithat I last saw the deceased ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOI 220. BURIAL, CREMATION, 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Md Smithsburg Smithsburg Cemetery Wash 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS. 24g, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE JUL 2 8 '59 Cirthan & Kines Andrew K. Coffman Hagerstown Md.



MARGIN RESERVED FOR BINDING

MEITE PLAINLY, WITH UNFADING INK. is especially in strant. Physicam plant

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

CERTIFICATE OF DEATH

Rest	Dist.	No	
urog.	Dipe	T4 0**	** * * * * * * * *

1. PLACE OF DEATH COUNTY	WASH	MARYLAND	2. USUAL RESIDENT	ence (Ho	ME) OF DEC	CEASED COUNT	Y	Wash
OR give pearent TOWN WILL	orporate limita, write RUR Lamsport	AL and LENGTH OF STAY (in this place) L year	7 70 1700	de eorporate	Wil	liamspo		lown)
HOSPITAL OR INSTITUTION OF STREET ADDRESS	Homewood	Home	STREET ADDRESS	Rt#	11 (If rural,	give location)		
3. NAME OF DECEASED (Type or Print)	INEZ		HAY (Last)		4. DATE OF DEATH		27 ^(Day)	(Year) 19 59
5. SEX	6. COLOR OR RACE	WIDOWED, DIVORCED,	Jan 17-	-1871	88	утя.	Days H	ours Min.
done during most of a	ATION (Give kind of work rerking life, even if retired)	INDUSTRY home	M. BIRTHPLAC Berlin	-) 1	COUNTY 1	OP WHAT
Daniel	Altfather		Mali		Walke:	r		
15. WAS DECEASED E	VER IN U.S. ARMED FORCES (If yes, give war or dates	1 16. SOCIAL SECURITY No.	17. INFORMANT	T AND A	DDRESS			
	nervice)			Marga	ret W	gner.		
1. DISEASES OR CO	ONDITIONS DIRECTLY	18. MEDICAL CE LEADING TO DEATH	ERTIFICATION			1.	INTERVAL ONSET A	L BETWEEN
' Immediat	e cause (a)	Cardiovascu	lar Coll	apse_			mi	n
Diseases or e	nt cause(s) conditions, it any, o the above cause underlying cause last (c)	Arterioscler Cardiac		en	***************************************		yrs	onths
Conditions contribu	CANT CONDITIONS iting to the death but not se or condition causing dear	th.						
		FINDINGS OF OPERATION					20. AU	ropsyl
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ		(CI	TY OR TO	WN)	(COUNTY		ATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJ	URY OCCU	JR?			
22. I hereby cert	ify that I attended th	e deceased from June	2 15 a.m., fr				tated abo	
25. BURIAL CREM REMOVAL (Spec	ATION PATE THERE		L19 E.	Antie	CATION (CIE	HAgerst	own	7-11 (1944) 59
DATE REC'D BY REGUL 2 9 '59	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL D	DIRECTOR	to the second	3-47	ADDR	Ist.





FOR STATE HEALTH DEPT.

M

TO DEPUTY MEDICAL EXAMINE As certificate should be executed within 24 hours ofter death. The delay is necessary please execute the prificate, writing. Word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 the funeral discourse of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files.

4 should the worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files.

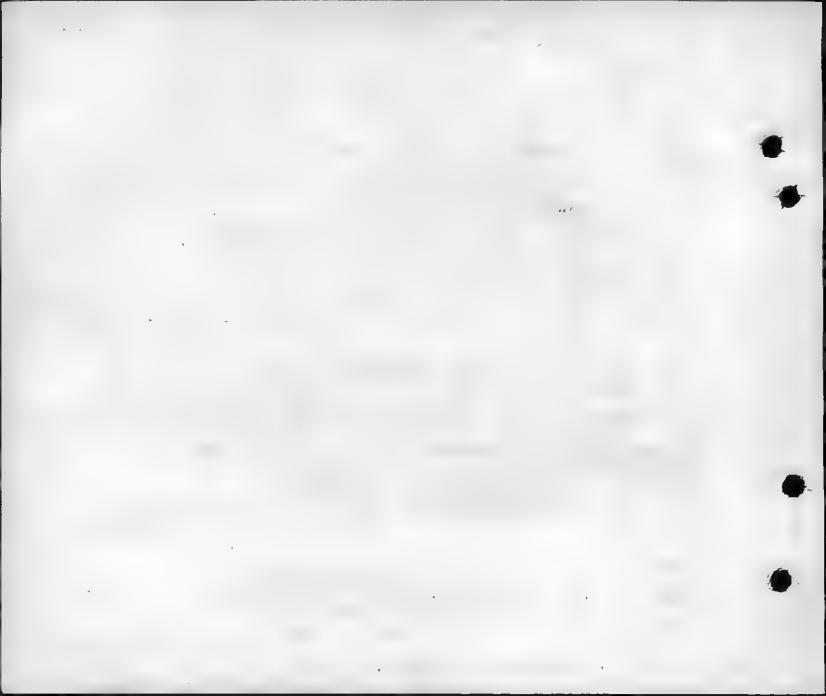
TO FULLE IL MINETAL Bright Miles of the Chief Medital Common of the control of the chieft, or its designate I ament, prior to barial, cremation, or remayal, and in any event within 72 hours ofter death.

VS. A15ME

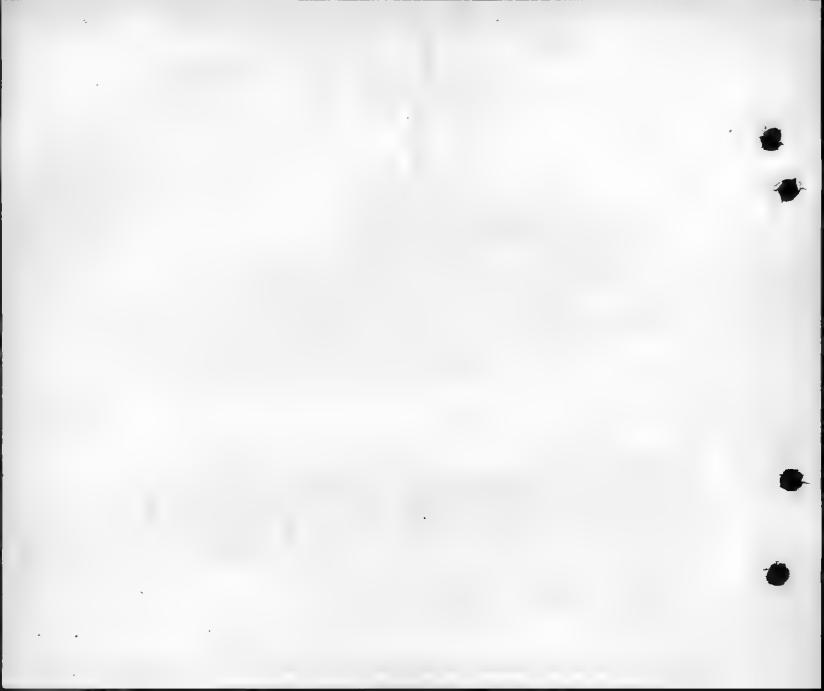
5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08419 8475 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	Keg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)
Washington MARYLAND	* Waryland b COUNTY
b CITY OR TOWN (1 outside corporate hmits, write EUFAL and give nearest lown)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Breathedsville 2 Mos	Baltimore City
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS 4. IS RE IDLN'E ON A FARM?
Md State Reformatory for Males	1529 Myrtle St_ NO I
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Samuel NMN Howa	rd Jr DEATH July 11 1959 19
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8	fost birthday)
	uly 1 1942 17 yrs.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI during most of working file, even if refired)	
Laborer	Baltimore City Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Howard Sr	Mary Carter
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. IN	FORMANT Address
[Ver. no. No. [If yes, give wor or dots of ceredo] None Rec	cords of State Reformatory for Mables
18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	=Bresthedsville Wash. Oo Mid
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	
1/4X DUE TO	
Conditions, if any, which by he	anging
gave rise to immediate cause (a), stating the underlying DUE TO	
couse fast. (c)	W
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY 19 or CONTRIBUTING CAUSE OF DEATH.	nter noture of injury in Port I or Port II of item 18 }
	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)
2 Hour e.m. July 11 19 59 of work of work	Institution Rural Hagerstown, "ash Md
21. I certify that I took charge of the remains described about	ve, held on Autopsy X, Inspection X, Inquiry , and in my
opinion deoth resulted from: Natural couses . Accident	
SIN 0 - + 7.2 - 00	
SCHATURE SHOWERT Wells	_M.D CHIEF MEDICAL EXAMINER
EXAMINER'S S Pohont Walls M.D.	ASSISTANT MEDICAL EXAMINER 7-11-59
EXAMINER'S NAME (Type) S. Robert Wells, M.D.	DEPUTY MEDICAL EXAMINER 📆
220. BURIAL, CREMATION 22b. DATE THEREOF 22c NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Durial 7/15/59 Mt Albans	Cemetery Baltimore City Md
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
ndrew K. Coffman Hagerstown Md.	DATEJUL 1 4 159



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08420 8476 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) p. COUNTY b. COUNTY N MARYLAND 6 ₹ b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ے RURAL and give nearest town) pino Q. d. NAME OF HOSPITAL (If not in hospital, give street oddress) d, STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T 100 ALS 130120 MD. 3 NAME OF First 4. DATE Middle Lost Year DECEASED (Type or print) DEATH 19 3 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HIS lost birthday) pletel Months Doyl Hours WIDOWED M DIVORCED | MALE 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) EO3 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if refired) FARMER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CATHERINE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address WAYAILABLE DONSBOKO MD.R. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and INTERVAL BETWEEN ONSEL AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** ۉ Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS PERFORMED? YES [NO IN 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, affice bldg., etc.) Hour o m. Not while While of work of wark p. m. 21. I certify that hattended the deceased from TQ 19.2. 4 that I last saw the deceased and that death occurred at 7.36 /4 M, from the causes and on the date stated above. alive on a CTOR ADDRESS (Steet, city or town, state) **DATE SIGNED** ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) m 220 BURIAL CREMATION, 226, DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) pode REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24d, REC'D BY REGISTRAR VS A15 (4) 15M 10/57 2 9 '59



after death; Page 4

quires that



1 2 2 Levis 2 . . . Englished Will Hills Mary Law Law Let in a service of the service of t nece of the eight with the second of the second con mission) see in the 14/24 54 י למנותו לינונים כלימי יכניוני ו . Jane To hive



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8436

CERTIFICATE OF DEATH

08424

302 Reg. Dist. No.

	PLACE OF DEATH					2. USUAL RESIDEN 0, STATE	CE (Where dec	eased lived		on: Residence	befare	odmission)	
	"a.county "ashing	ton		MAR	/LAND	Maryla	nd	Wash	ingt	on			
1	b. CITY OR TOWN (If RURAL and give nec		ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
L	**	rstown		2 Mos	3	Hagerstown							
	d. NAME OF HOSPITA	L (If not in haspital, g	ive street	address)		d STREET ADD	RESS				e.	IS RESIDE	NCE PM2
	Martin	Manor				702 Ma	rshal	l st				ES N	
). NAME OF DECEASED	Fil	rs1	Middle		Last	4. DA		Man		Doy	Yeo	r
L	(Type ar print)	ELLIK		NMN	KA	PLAN	DE	ATH JU	lly l	8 195	9	19	
I	S. SEX	6. COLOR OR RACE	7. MARR	IED 🗋 NEVER MARRI	ED 🔲	B. DATE OF BIRTH		9. AG	E (In years birthday)	Manths [
ı	Male	White	WIDOWE	DIVORCE	0	June 12	1872	87	yrs.	Manins L	Days I	lours	Min.
F	On USUAL OCCUPATION	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS O	OR INDU	STRY 11. BIRTHPLACE	(State or fare	gn country)				WHAT CO	UNTRY?
1	Tailor	ng me, even il temec	'	Retire	d	Russ	sia			U	ISA		
ŀ	3. FATHER'S NAME					14 MOTHER'S MA							
1	Labin K	aplan				Mary	(No	Recor	rd)				
١Ī	5. WAS DECEASED EVER	IN U. S ARMED FOR		SOCIAL SECURITY NO) 17, F	NFORMANT			Addr	ess			
1	(ton, no or unknown) (to	f yes, give wor or dates of s	ervice)	None	Mis	s Goldie	Kapl	an '	702 M	grsha	11	St	
作	18. CAUSE OF DEAT	H [Enter only one co	use per lin	ne far (a), (b), and (c)	1.	Hagersto	wn Ma	rylar	nd		INTER	AL BETW	EEN
ı	PART I, DEAT	H WAS CAUSED BY:	- /	Carolain	0	1/000011	DALA /	apo	200	-04	ONSET	AND DE	ATH <i>u}772[1</i>
1	\$ 1V	IMMEDIATE CAUSE (o	-	VAL NOT					ارجمان	77		1701	F111
1	W = 1515 14		,										
1	Canditions, if an	mediate									-		
I	cause (a), stating II	he under-)										
1	lying cause last.) (0	vivolladainen Heddalana	FOLUME TO SE		NOT BELLIFO TO THE	CALCULATION OF	CEACE CO.	DITION CO	CALLANDA DA DE	21-220	MALAS A IT	ORCV
ŧ.	PART II. OTH	EK SIGNIFICANI CON	IDITIONS C	CONTRIBUTING TO DE	AIH BUI	NOI RELATED TO TH	E LEKWINAL DI	SEASE CON	DITION GIV	EN IN PAKI		PERFORMI	ED?_
П	<u> </u>		000					Ø - 10 - 6	10.1		,	ES N	<u>∘ □</u>
	PART II. OTH	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	206 DES	CRIBE HOW INJURY O	OCCURRE	D. (Enter nature at in	jury in Parl I a	r Port II Of i	Hem IB.)				
	20c. TIME OF INJURY	Month, Day, Ye		NJURY OCCURRED	20e. PL	ACE OF INJURY (Hon	ne, farm. 20f	(City or Ion	vn)	(Ce	unly)		(State)
	20c. TIME OF INJURY Hour o. m.	19	While at work	Nat while k □ at wark □	ra	ctary, street, office bl	og., erc.)						
1		at I attended the				1059	7-	-18	105	g,that I lo			
ı	7	- //	30			1752	Trahu						
1	alive an	N 4	, 17,	and that	aeain	accurred at 14			Causes a ity or lawn,		e date		abave.
Т	ACTUAL	1 och a	$\langle \rangle$	/ Line	A	2.	2 11/	DI	A As As A	الأر		-9	12.1
Т	SIGNATURE	your.	<i>.</i>	1 100 100		M.D.	75	1000	MAL.	0-1			KOf.
L	PHYSICIAN'S NAME (Type)	JOHN	V	D. TU	RCC) \(\begin{align*} \begin{align*} \text{A} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	alze	ist	un		n	nd	
F	220. BURIAL, CREMATION	22b. DATE THEREC)F	22c. NAME OF CEM	ETERY O	R CREMATORY	22d. L	OCATION (City, town, o	or county)		(State)	
	Burial	7/20/5	9	B' Na1 A	bral	nam Ceme	tery H	ager	s town	Wash	n Go	Md.	
	23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		24	a. REC'D BY R	EGISTRAR		TRAR'S SIG	SOLUME		
	Andrew K.	Coffman	Hag	erstown	Md.	Di	ATEJUL 21	'59	,				

VS A1S (4) 15M 9/S5



AN: The law requires that the death certificate be executed

TO HOSPITAL

after death. Page 4

Reg. Dist. No.

	o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where do STATE Marylan	eceased lived If institution b COUNTYWA	Residence before odmiss on) shington	
	b. CITY OR TOWN (If outside corporate I mits, wri RURA, and give nearest town) Hagers town	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside	•	AL and give nearest town)	
	d. NAME OF HOSPITAL (If not in hospital, give structure or institution County Howashington County Ho	· ·	Pinesburg		e IS RESIDENCE ON A FARM? YES NO	
	3. NAME OF First DECEASED (Type or print) Minnie	Middle Bell		DATE Month OF DEATH July	Day Year 15 19 59	
	T2 20 1720 4 4	ARRIED NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS	
	100 USUAL OCCUPATION (Give kind of work done I during most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDU		reign country)	12 CITIZEN OF WHAT COUNTRY?	
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	_		
	Jacob Wetzel	· · · · · · · · · · · · · · · · · · ·	Christin	a Smith		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) NO		nformant ir. James Lesl	ie Keeney B	.lliamsport Md RFD #2	
	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Conditions if ony, which gove rise to immediate cause (a), stating the under lying cause lost	er line for (0), (b), and (c).] Nelme florm Dubite y ert- selent	hagedu toler necletur	Marco	INTERVAL BETWEEN ONSET AND DEATH 7-13-14	
)	PART II. OTHER SIGNIFICANT CONDITION 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR FITHER, NOTIFY MEDICAL EXAMINER)	NS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL O	DISEASE CONDITION GIVEN	IN PART I(o) 19, WAS AUTOPSY PERFORMED? YES NO	
		DESCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in Part .	or Port II of item 18)		
	Hour o.m. W		ACE OF INJURY (Home, form, 20 ctory, street, office bldg., etc.)	Of (City or town)	(County) (State)	
21. I certify that I attended the deceased from July 13, 194, to 101/15, 195 that I last saw the decale of alive an 1959, and that death accurred at 1970 MM, from the causes and an the date stated of ADDRESS (Street, city or town, state) ACTUAL SIGNATURE ALLY WOUNDED M.D. DATE STATES						
/	PHYSICIAN'S NAME (Type)	X NOVE	= 47/4/	7		
	Burial (Specify) Burial July 18-5	Rockyhill C		LOCATION (City, town, or care Woodsbor		
	23 FUNERACIDIRECTOR'S SIGNATURE	ADDRESS LLIAN	SPORT 240. REC'D BY		AR'S SIGNATURE	

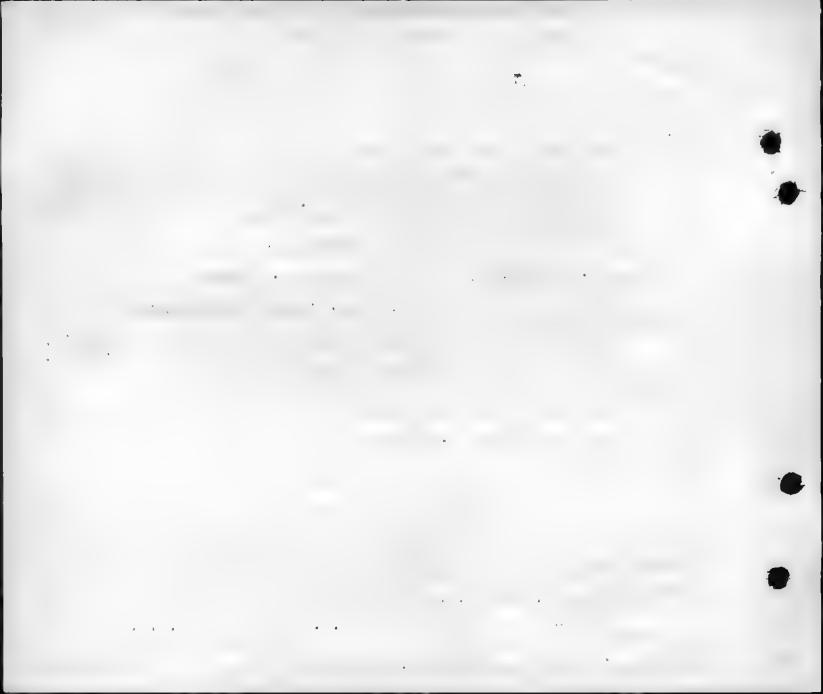


director,

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hours after death.



PLACE OF DEATH

OR INSTITUTION

o. COUNTY

NAME OF

FEMALE

13. FATHER'S NAME

lying cause lost.

PHYSICIAN'S

NAME (Type)

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(Type or print)

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by the haspital or attending physician.	CTOR: After this certificate has been signed by the attending physician and completely fi	detached for use as the burial-transit permit. Then please remays earbon popers. Page	to burial, cremation, ar removal, and in ony event within 72 hours after death
9	ប	0	-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08427 CERTIFICATE OF DEATH Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a STATE b. COUNTY MARYLAND WASHINGTON WASH. b CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) RURAL and give nearest town) RURAL CLEAR SPRING RURAL CLEAR SPRING d. NAME OF HOSPITAL (If not in hospital, give street address) / d STREET ADDRESS a IS RESIDENCE ON A FARM? ST. PAULS ROAD ST. PAULS ROAD YES X NO 4. DATE First. Middle Lost Month Day Year OF 1959 MARY DEATH JANE KTNG 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years lost birthdoy) WHITE Manths SEPT I868 WIDOWED IX DIVORCED [7] уга. 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote ar foreign country) 12 CITIZEN OF WHAT COUNTRY? HOUSEWORK U.S.A. OWN HOME PENNA. 14. MOTHER'S MAIDEN NAME ELIZABETH HOOVER HENRY TOSTEN 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address SPRING, MD. QUINTER KING CLEAR 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY ARTERIOSCLEROTIC HEART DISEASE UNKNOWN IMMEDIATE CAUSE (6) **DUE TO** Canditions, if ony, which gove rise to immediate **DUE TO** cause (a), stating the under-PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED2 ANEURYSM OF THE ABDOMINAL AORTA YES NO-20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED (County) (Stote) factory, street, office bidg. etc.) While Not white at wark at work JULY 14, 1959 19___, that I last saw the deceased MARCH 26, 1959 21. I certify that I attended the deceased from

200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH

20c TIME OF INJURY Month, Day, Year Haur a m

and that death occurred at 5.50 AM, from the causes and an the date stated above. ACTUAL SIGNATURE

ADDRESS (Street, city ar tawn, state)

(State)

ARCHIE ROBERT COHEN, M.D.

22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

CLEAR SPRING, MARYLAND

JULY 14, 1959

22a BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 23 FUNERAL DIRECTOR'S SIGNATUR

JULY 13, 1959

ST. PAULS CEMETERY

CLEAR 24b. REGISTRAR'S SIGNATURE

ADDRESS CLEAR SPRING, MD.

24g. REC'D BY REGISTRAR DATE 11 2 0 '59

Chillian & Krosek

10 VS A15 (4) 15M 9/5B

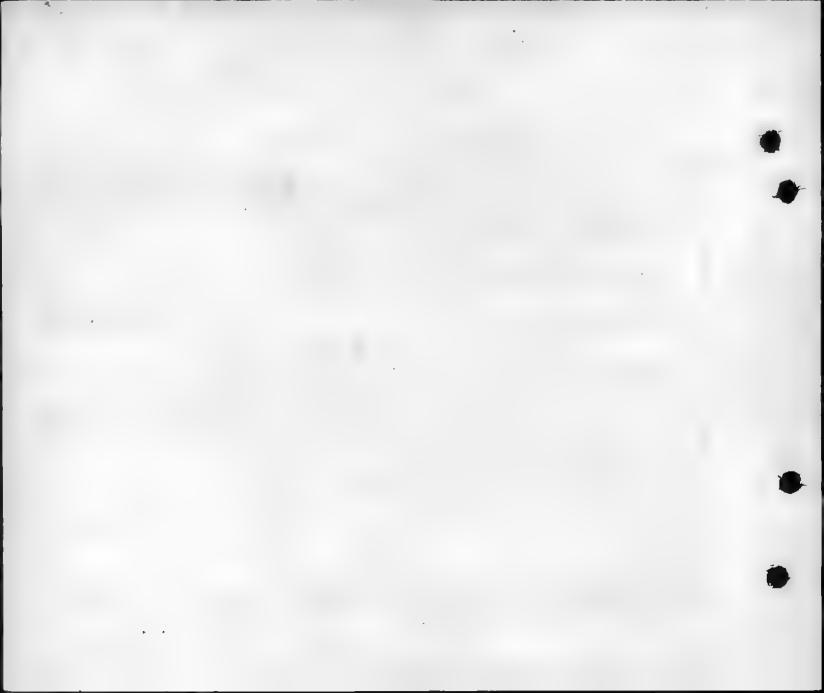


ADDRESS

246. REGISTRAR'S SIGNATURE

24g. REC'D BY REGISTRAR JUL 3 0 '59

VS A15 (4) 15M 9/55



VS A15 (4) 15M 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8440

CERTIFICATE OF DEATH

0110	OEKIII 107		Reg. Dist	. No.
o. COUNTY Washington	MARYLAND	2 USUAL RESIDENCE (Where deceased a STATE Maryland		shington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	13 years	c CITY OR TOWN (If outside corpo		ve nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street of OR (NS) ITUTION Washington County Hos	pital	/d. STREET ADDRESS 206 W. Irvi	n Ave.	e. IS RESIDENCE ON A FARM? YES NO 2
NAME OF DECEASED (Type or print) Vaughen	Middle	ink Lost 4 DATE OF DEATH	July 2	26 Year
Male 6. COLOR OR RACE 7. MARR WIDOWE		B DATE OF BIRTH Warch 22, 1913		YEAR IF UNDER 24 HRS Days Hours Min
	kind of Bus ness or INDU:	Jefferson Co.		EN OF WHAT COUNTRY
J. FATHER'S NAME	_	14. MOTHER'S MAIDEN NAME		
Elbert V. Link		Jessie Mo	hler	
(w. no, or unknown) If yes, give war or dates of service)		NFORMANT 3. Louise S. Lin	k Hagerstov	vn had.
gave rise to immediate cause (a), stating the <u>under-</u> put TO lying cause last.	hoonic uler	ative colitis		19 grago
PART II. OTHER SIGNIFICANT CONDITIONS C 200 ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		NOT RELATED TO THE TERMINAL DISEAS Lenter nature of injury in Part L or Por		1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c TIME OF INJURY Month, Day Year 20d. IN Hour a m. While		ACE OF INJURY (Home, farm, 20f. (City street, office bldg , etc.)	or town) (Co	ounty) (State
21. I certify that I attended the decease alive an 7-26, 19 ACTUAL SIGNATURE John John		747		
	Iornbaker	Hagerst o	own Md.	
20 BURIAL, CREMATION, REMOVAL (Specify) Burial 7-29-59	22c NAME OF CEMETERY O	stery Sher	non (City, town, or county) herdstown W	(State)
Scott F. Minnich & Son	Hagerst own	24a, REC'D BY REGIST	rar 246. REGISTRAR'S SIG 59 arthur 2.	4 .



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A1S (4)

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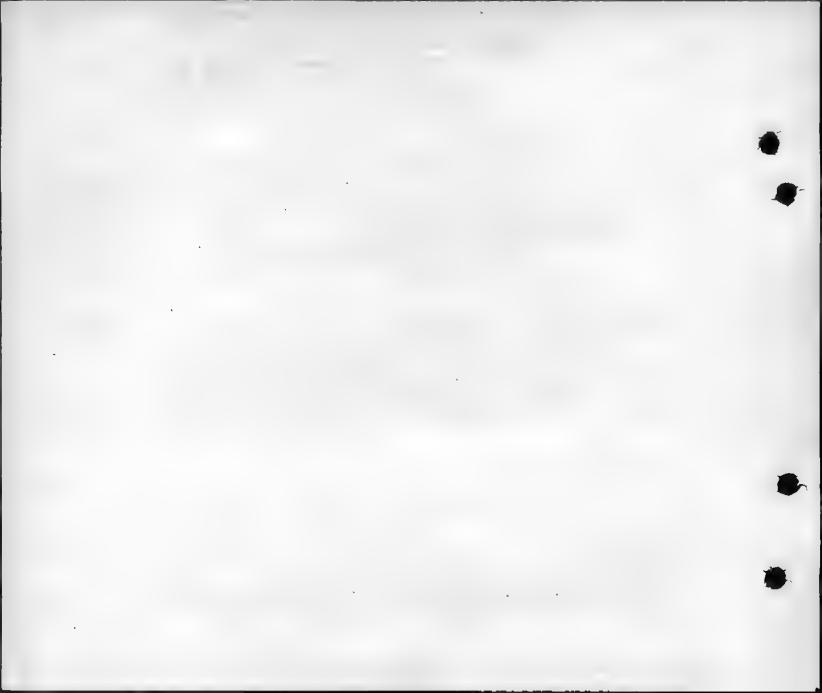
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w 24 h		letery filled	Poges 1 o	
be executed		n and carppl	arban popers	Sec. III. Ask
h certificate		ing physicial	se remove co	200 1
at the deal		r the attend	Then pleas	Annual Property of
requires th	an.	n signed by	sit permit.	The same of
4: The low	ling physici	ite has bee	burial-tran	1
PHY	ol o le	his certifico	use as the	The same of the same of
TENDING	y the haspite	TOR: After I	detached far	And the state of the last
10 HOSPITAL OR ATTENDING PHY (AN: The low requires that the death certificate be executed with 24 hours after death.) Pa	y be retoined by	CTOR: After this certificate has been signed by the attending physician and campletely filled	ge 3 shavra be d	Considered mains
ř				

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8442

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CERTIFICATE OF DEATH

L	044	CERTIFICA	AIE OF DEATH	Reg. Dist	. No.
1.	PLACE OF DEATH O. COUNTY V. A.D.H.L.N.G.T. D.N.	MARYLAND	2 USUAL RESIDENCE (Where deceded by STATE	b. COUNTY	NGTEN
-	b CITY OR TOWN (If outside corporate limits, RURAL and give nearest lown)	write c. LENGTH OF STAY IN 16	E. CITY OR TOWN (If outside con	porote limits, write RURAL and gi	
L	TAVERSTOWN	1/4 HRS	X KEEDVS	VILLE - R	URAJ
	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	NASHINGTON CO	1 HOSPITAL	KEEDISYILL	E MID. RI	YES Y NO
3	NAME OF First DECEASED	Middle	Last 4. DATE	E Month	Day Year
L	(Type or print) TLOSSIE	Y.AE	LONG DEAT	H 0001 - 2	19 59
5.	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH		YEAR IF UNDER 24 HRS
Ŀ		IDOWED DIVORCED	Oct-6-1896	62 yrs 9	1-5 Hours Mill
10	 USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) 	e 106. KIND OF BUSINESS OR INDL	ISTRY 11 BIRTHPLACE (State or foreign	country) 12 CITIZ	EN OF WHAT COUNTRY
L	HOUSE W. FE	DWN HOME	KEEDYSVILLI	= WASH. CO. IVI	1.S.A.
13	FATHER'S NAME		14 MOTHER'S MAIDEN NAME		
L	FRANKLIN (CLOPPER	VANCY	FRUE	
15 (Y	WAS DECEASED EVER IN U. S. ARMED FORCES 15. no. or unknown) [(If yes, give wor or dotes of service)		INFORMANT	Address	
	No.	1 NOVE 19	SHN IN, LONG, SR	MEEDYSVILL	-E MD.R.I
	18. CAUSE OF DEATH [Enter only one couse	per line for (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Myocardial i	nfarct		6 Hrs
	DUE TO				1 day
	Conditions, if any, which (b)	coronary occl	usion		
ı	couse (o), stoting the under-	Hypertensive	cardio-vascula	r disease	
_~	lying couse lost. (c)				2 Yrs
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	PERFORMED?
2	200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	ED (Enter noture of injury in Port I or I	Port 11 of item 18.)	
MEDICAL			ACE OF INJURY (Home, form, 20f. (Cictory, street, office bldg., etc.)	lity or town) (Ce	ounty) (Slote)
MED		While Not while of work O	ciory, sirear, office ologi, etc.)		
П	21. I certify that I attended the de	eceased from March	1 3 158 to Jul	21 10 59 that I la	ast saw the deceased
П	alive on 7/21/59	Ja	accurred of 11:15P-M. fr	om the causes and on the	a date stated above
	7167	11/1/20 10		(Street, city or town, state)	PATE SIGNED
	SIGNATURE ////	H-8RLa	MD.) Sharpsbu	rg, Md. 7/2	2/59
	PHYSICIAN'S Walter H	.Shealy M.D.			
22	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOC	CATION (City, town, or county)	(Stote)
L	BURIAC LULY, 24.	1959 FAIRVIEW	CEMETERY KE	EDUSVILLE XIE	2 2 5
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o. REC'D BY REG	ISTRAR 246. REGISTRAR'S SIGI	NATURE
2	- Tour D. Dout	1200NSBORD	M D. DATE 1111 2 9	159 Quilling 8	Kraus



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		PLACE OF DEATH		
		Washingto	on	
	1		autside carporate limi	ls, w
		Hagerston		
×		d. NAME OF HOSPITA OR INSTITUTION	AL (If not in haspital, g	ive s
	=		Avenue	
		NAME OF DECEASED	Fir	şŧ
		(Type or print)	Pear	1
1	5. 5	EX	6. COLOR OR RACE	7.
		Female	white	WII
	10a	 USUAL OCCUPATIO during most of working 	N (Give kind of work o	dane
		Housewif		
	13.	FATHER'S NAME		
18		Lewis P.	Kaetzel	
		WAS DECEASED EVER	IN U.S. ARMED FOR	
	(107	i, no, or unknown) (I	f yes, give war or dates of s	BFVIOR;
		18. CAUSE OF DEAT	TH [Enter only one co	use i
			H WAS CAUSED BY:	
		445X	IMMEDIATE CAUSE (o	
		Canditians, if an	or orbitals V	
		gave rise to in	mediate (
		cause (a), stating t lying cause last.	he under-	
i	ž	PART II OTH	ER SIGNIFICANT CON	,
)	ATIC			
	IFIC	20a ACCIDENT WAS	S UNDERLYING	20Ь.
	EDICAL CERTIFICATION	OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	
	CAL	20c. TIME OF INJURY	Manth, Day, Ye	or 2
	EDI	Haur a.m.	19	ia
	¥	p. m		
		17 ~	at I attended the	de
		alive an_	- 171	
		ACTUAL Hour	301/1/1	11
1		SIGNATURE	11/1/1/1/19	7
		PHYSICIAN'S	th: 11:	т
	220	BURIAL, CREMATION	1 22b DATE THEREC	الله E
1	0	REMOVAL (Specify)	T, 220 DATE INEREC	"1

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VS A15 (4) 15M 9/58

		844	£ 3		EKIIFI		TIE OF D	EAT	П			Reg. D	ist. No.		
7	PLACE OF DEATH a. COUNTY Washingto	on			MARYLA	ND	2. USUAL RESID o. STATE Marvla		here decease		COUNTY	on: Reside		re admis	sion)
	b CITY OR TOWN (If RURAL and give nec	autside carporate limi	ls, write	c. LENGTH	OF STAY IN	1Ь	c, CITY OR T	DWN (If	autside carpo	orate timi	ts, write R	URAL and	give nec	rest tow	n)
	Hagerstov			70 :	years]	Hagers	town	1	4:					
	d. NAME OF HOSPITA		jive street	address)			d. STREET A			- !				ON A	FARM?
	41 East						41 Eas	r <u>a</u> J	<i>j</i> enue					YES [NO [
3.	NAME OF DECEASED	Fir	rst .		Middle		Last		4. DATE OF		Mon	ith	Do	У	Year
_	(Type or print)	Pear		Virg:			Lowman		DEATH		uly	Tierrane	n a Me a n	Luc access	1959
5.	SEX	6. COLOR OR RACE	1	RIED NEVI	_		B. DATE OF BIRTH			last t	(in years oirthday)	Months	Days	Hours	ER 24 HRS
	Female	white	WIDOW	-44	DIVORCED [3	L882	76	yrs				
10	 USUAL OCCUPATION during most of working 	N (Give kind af wark i ng life, even if retired	dane 10b)	. KIND OF BU	ISINESS OR I	NDUS	STRY 11 BIRTHPL	CE (State	or foreign o	country)					COUNTRY
_	Housewife	9		own h	ome				Point	,Va.		U	.S.	A	
13.	FATHER'S NAME						14. MOTHER'S	MAIDEN	NAME						
L	Lewis P.	Kaetzel					Laura	Fou	ıch						
15 (Y	WAS DECEASED EVER	IN U.S. ARMED FOR	CES? 16	SOCIAL SECI	URITY NO.	11	NFORMANT				Add	ress			
						M	rs. Ral	ph_(Jusher	n	Hage	erst	own	Mo	
_	18. CAUSE OF DEAT	TH [Enter only one co	use per l	ine far (a), (b)	(c) bno (c)						.1				TWEEN
		H WAS CAUSED BY:	1	Her	Li fair	1st	of (or	400	120 CEN	64	Troca	10 -C	UNS)_	DEATH L//
	445X	DUE TO		1//											
	Canditians, if an	w which \													
	gave rise to im	mediate (DUE TO													
	lying cause last.	he under-	,												
MOIT		ER SIGNIFICANT CON	DITIONS	CONTRIBUTION	IG TO DEATH	BUT	NOT RELATED TO	THE TERM	INAL DISEAS	SE COND	ITION GIV	EN IN PA	RT 1(a) 1	PERF	DRMED?
F C	20- ACCIDENT MAN	TANDED VINC E	201- 051	COURT HOW	INTUINV ACC	UD DEC	D. IF. I	National In-	Post Law Box	116 :	- 10 V			YES [NO [
MEDICAL CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY)	CAUSE OF DEATH	200. DE:	SCRIBE HOW	INJURT OCC	OKKE	D. (Enter nature of	injury in	ron ar ro	IF II GI III	sm 10 /				
Z	20c. TIME OF INJURY	Manth, Day, Ye	ar 20d.	INJURY OCCU	RRED 20	e. PL/	ACE OF INJURY IN	lame, fari	m, 20f. (Cit	y ar lown)		(County)		(State
AEDI	Haur a.m. p.m	19	While of wo			fac	clary, street, affice	bidg., et	5)]	4					
_	^	at I attended the			Thony	2	1. 1957	to	166 7 4	14.	19/7	that I I	ast say	y the c	lecease
	alive on V	2 76	/ 19	pmc-	nd that de	eath	accurred at_	, 7	M, fram	the co					
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	ACTUAL SIGNATURE	774/18	PEL	lun			м.д. 159	W. V	Vashi	ngto	n St	tree	t		4
	PHYSICIAN'S	1/										-			
	NAME (Type) Dr			irshm	an		Hage	rsto	own,_l	Mary	lan	<u>1</u>			
22	REMOVAL (Specify)	4, 22b DATE THEREC	OF .	22c. NAME	OF CEMETE	RY O	R CREMATORY		22d. LOCA	ITION (Ci	ly, tawn,	ar county)		(Sta	le)
	Burial	7-7-59			Hill	C	emetery		Hag	erst	own			Md.	
23.	FUNERAL DIRECTOR'S			ADDRE	-				D BY REGIS		24b. REGI	STRAR'S S	IGNATU	RE	
	Scott F.	Minnich	&SO	n Hage	erstov	vn.	,Md.	DATE	JUL 9	59	C	withing .	8. Hu	44	



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479 CERTIFICATE OF DE	EA1
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1		0413	CERTIFICATE OF	DEATI	•	Reg. Dis	it. No.
}		PLACE OF DEATH WAShinston Co.	MARYLAND 2. USUAL RI	SIDENCE (WI		If institution: Resident COUNTY	ce before admission)
		CITY OR TOWN (If autside carporate limits, write RURALfond give neorest town) NAME OF HOSPITAL (If nat in haspital, give street address)	11 years. MA	R TOWN (IF O	outside corporate lin	nits, write RURAL and g	e is residence
)	_	WIII amsport DAN	litarium 62	o S,	quede :	st.	ON A FARM? YES NO
	(NAME OF DECEASED (Type or print) Edward	Middle Ma	lest	DATE OF DEATH	guly.	23 1959
	5. 9	male white widowed &	DIVORCED DIVORCED	7, 18	7/ 9. AG	E (In years F UNDER United by 1975)	TYEAR OF UNDER 24 HIS Days Haurs Min
1	10a.	. USUAL OCCUPATION (Give kind of work done 10b. KIND C during most of working life, even if retired)	F BUSINESS OR INDUSTRY 11 AIRTH	IPLACE (State	or fareign country)	12.CITI	ZEN OF WHAT COUNTRY
	13.	FATHER'S NAME ROWARD Les Moler	14. MOTHE	Aru A	Wehan		
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL (If yes, give war or doles of service)	SECURITY NO. INFORMANT		feel Knon	Address 23	2/2 En Buske 5
		IB. CAUSE OF DEATH [Enter only one couse per line for (c	o), (b), and (c).]	1		7	INTERVAL BETWEEN ONSET AND DEATH
		332X DUE TO	avent far.	Ma		~ /	There we
		Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last.	Ch silinon,	for the second	2	rel	Y. 1. 3.
3	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIB	BUT NG TO DEATH BUT NOT RELATED	TO THE TERM	NAL DISEASE CON	DITION G VEN IN PAR	19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFI	20g ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED. (Enter noture	of injury in	Part I ar Part II of	item 18)	
	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. INJURY C Haur a.m. While North of work of the control o	ot while factory, street, of			vn) (<	County) (State
		21. I certify that I attended the deceased fro			*		st saw the decease
		ACTUAL 19	, and that death accurred		_M, fram the c ADDRESS (Street, c		date stated above DATE SIGNE
1		PHYSICIAN'S NAME (Type)	, M.D.				
	220	BURIAL, CREMATION, 22b DATE THEREOF 22c N	NAME OF CEMETERY OR CREMATORY		22d LOCATION (City, town, or county)	(State)
	22	REMOVAL (Specify) Burial July 25th'59 FUNERAL DIRECTOR'S SIGNAPURE	Elmwood DDRESS	04. 050	Sheph D BY REGISTRAR	erdstown	W. Va.
	1	Milling India	D. d.		on'59	Orthon S. M.	

DATELL 3 0 '59

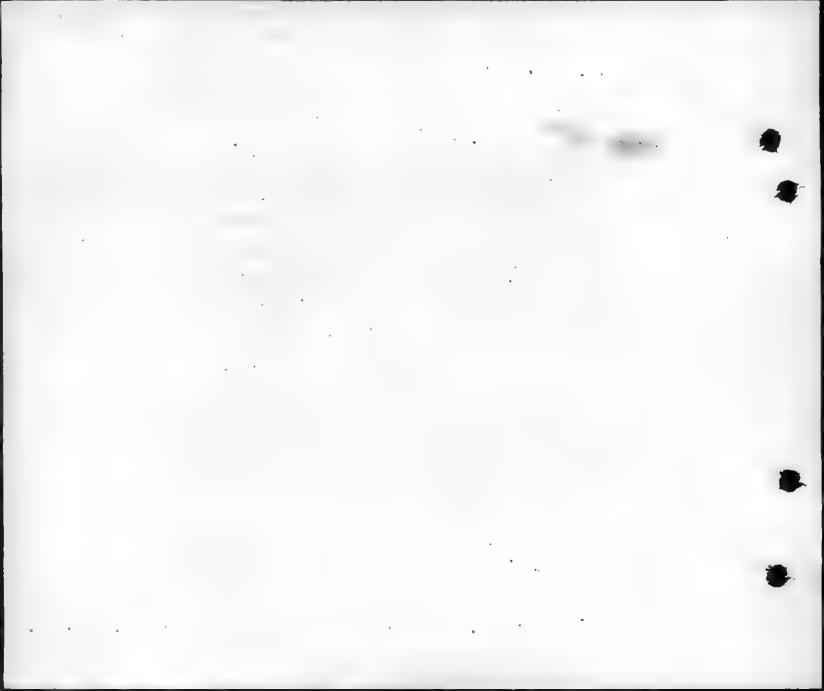
24 hours after death. Page 4

D HOSPITAL OR ATTENDING PH. IAN: The low requires that the death certificate be executed at 24 hours after death. Page 4 may be re! by the hospital or alterding physician.

D FUNERAL EXECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO HOSPITAL moy be re'

VS A15 (4) 15M 9/5B



TO HOSPITALE I ATTENDING PH (1AH: The low requires that the denoth certificate be size und a 24 hours ofter de moy be ret by the hospital createding physicion. TO FUNERAL CTOR: After this certificate has been signed by the ottending physicion and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, or removal, and in any event within 72 Muss offee death.	de		Į.	9	
TO HOSPITAL —I ATTENDING PH (IAH: The low requires that the dmoth certificate be marculled a may be real by the hospital creatending physicion. TO FUNERAL —ICTOR: After this certificate has been signed by the ottending physicion and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages it and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 Mars affect death.	offe		±	sho	
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TO HOSPITAL—I ATTENDING PH (IAH: The low requires that the disoft may be ret by the hospital creatending physicion. TO FUNERAL CTOR: After this certificate has been signed by the ottend page 3 should be detached for use as the burial-transit permit. Then pleas the registrar prior to burial, cremation, or removal, and in any event within	90		Bu	9	72
TO HOSPITAL—I ATTENDING PH (IAE: The low requires that the d may be ret by the hospital carafreding physicion. TO FUNERAL CTOR: After this certificate has been signed by the other page 3 should be detached for use as the burial-transit permit. Then p the registrar prior to burial, cremation, or removal, and in any event with	to I		end	eo	Į.
TO HOSPITAL — ATTENDING PH IAH: The low requires that the may be reif by the hospital chartending physician. TO FUNERAL CTOR: After this certificate has been signed by the page 3 should be detached for use as the buriol-transit permit. The the registrar prior to buriol, cremation, or removal, and in any even	e o		ö	0	W.
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TO HOSPITAL TATENDING PH I AH may be reif by the hospiral of carefication CTOR: After this certificate page 3 should be detached for use as the the registrar prior to buriol, cremation, or	H	- Gu	e	buri	rea
TO HOSPITAL TO ATTENDING PHENOMY be real by the hospital chrother TO FUNERAL CTOR: After this certification and the registrar prior to buriol, cremation,	A	ipue	icol	he	ö
TO HOSPITAL TATTENDING PH may be rei by the hospital cr TO FUNERAL CTOR: After this capage 3 should be detached for use the registrar prior to buriol, cremati	Ō	ě	ertif	0.5	OH,
TO HOSPITAL TATTENDING P moy be reil by the hospital TO FUNERAL CTOR: After the page 3 should be detached for the registrar prior to buriol, are	Ŧ	j	isc	USe	TO E
TO HOSPITAL—TATTENDIN may be rei TO FUNERAL page 3 should be detached the registrar prior to buriol,	Q	oito	节	for	cre
TO HOSPITAL — TATTEN may be rei	Z	hos	Afte	pa	0
moy be rei by i TO FUNERAL CTO page 3 should be dee	N.	he	ä	oc	ğ
moy be ref. TO FUNERAL page 3 should be the registrar prior	AT	by 1	5	de	0
TO HOSPITAL moy be rei TO FUNERA! page 3 should the registror p	7	ď	Ė	3	riol
TO HOSPITA TO FUNERA Page 3 sh the registr	3	Ų	4	onlo	10
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	Ve	A1	Ĕ	45	

VS A1S (4) 15M 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8444

08434

CERTIFICATE OF DEATH

	0.23	±	CERTIFIC	AIE OF	DEATH			Reg. Dist.	No.	
1, PLACE OF DEATH o. COUNTY	Washington		MARYLAND	D. STATE	IDENCE (Whe	re deceased live	d. If institution b. COUNTY	in: Residence Was		ission)
b. CITY OR TOWN (RURAL ond give n Hager		its, write	c. LENGTH OF STAY IN 18			tside corporate	limits, write Rl	JRAL and giv	e nearest la	wn)
d. NAME OF HOSPI OR INSTITUTION	FAL (If not in haspital, Co. Hospital	_		d. STREET		ginia A	ve.,		e. IS RI ON YES [ESIDENCE A FARM? NO [A
3. NAME OF DECEASED (Type or print)	Ira	ni L	Middle Earl	0ver	ost	4. DATE OF DEATH	Mont 7	h	21 21	Year 19 59
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED DIVORCED	Aug. 20		l lo	GE (In years list birthday) 72 yrs		YEAR IF UNI	
100 USUAL OCCUPATION during most of war retired		dane, 10b. (KIND OF BUSINESS OR INE	OUSTRY 11. BIRTHE	4	r foreign country	/	12.CITIZE	NOF WHAT	COUNTRY
13. FATHER'S NAME	known	Jen	city chightave		s MAIDEN N	WE			-	
15 WAS DECEASED EVE (Yes, 10, or unknown)	R IN U. S. ARMED FOI If yes, give war or dates of	sarvica)	SOCIAL SECURITY NO. M.	informant	Over	Hagers	Addr.			
PART I. DEA 3 3/ X Conditions if or gove rise to it cause (a), stating lying cause last.	m mediate DUE To		erebrel Terte terio. ONTRIBUTING TO DEATH B		V as	c-di	C & & L	EN IN PART	5 7 Y	Cyl.
PART II OTI	AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUR	RED (Enter noture	of injury in Po	ort I or Part II a	f item 1B }		YES [ORMED?
ZOC. TIME OF INJUR Hour o.m.	Y Manth, Day, Ye	While		PLACE OF INJURY factory, street, offic			own)	(Co	unty)	(Stote)
21. I certify the alive an ACTUAL SIGNATURE	lattended the	decease , 12	od fram July 19, and that dea	th accurred at	6 P J	A, fram the DDRESS (Street,	causes and	d an the	date state	
PHYSICIAN'S NAME (Type)	2 LOY d	A -	HOFF TO 122C NAME OF CEMETERY	OR CREMATORY	H2	G. C. LOCATION	Low, lown, o	r county)	nd	ote)
DUTIAL 23. FUNERAL DIRECTOR	7-25-59		Rest Haven		To: main	Hager	stown	TRAR'S SIGN	M	id.
Fred W. Kr		gersto	own Md.		DATE JUL	BY REGISTRAR		Chur 2 1		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08435

e. 15 RESIDENCI

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO P

> > (Stote)

DATE SIGNED

12. CITIZEN OF WHAT COUNTRY?

CANADA

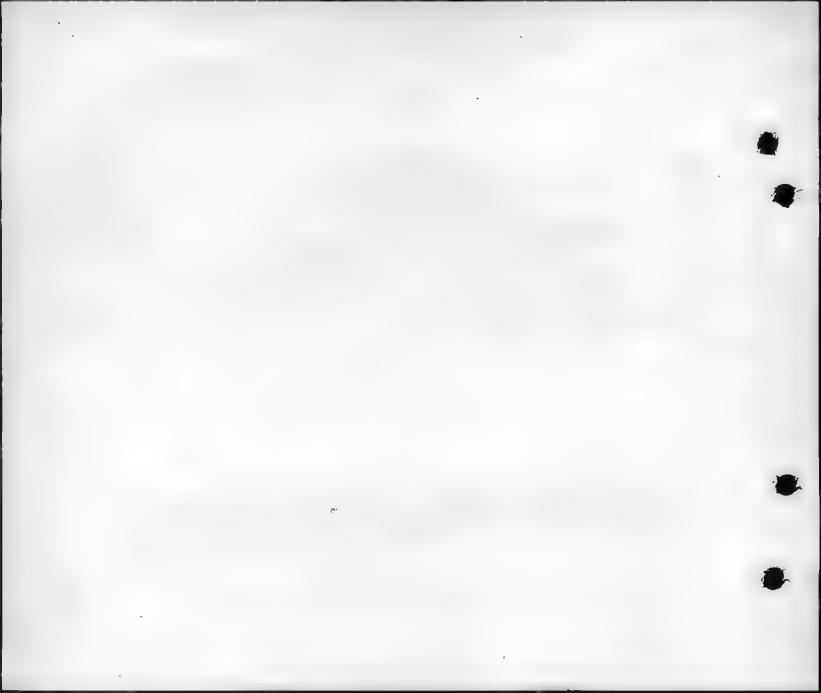
Doys

(County)

ON A FARME YES NO D

Year

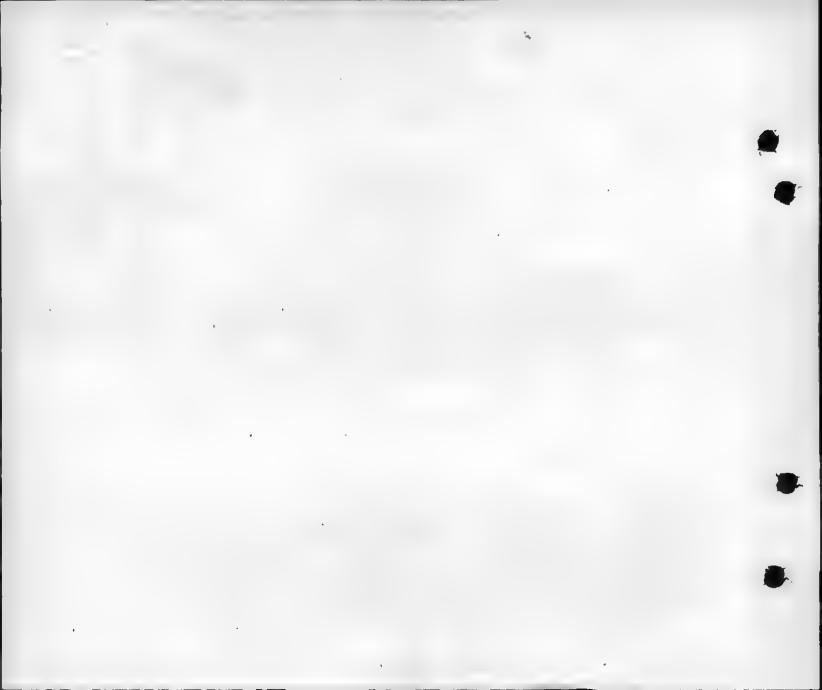
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183

	MINISTER ENGLISH	JIMIE DELWEIN	TEINI OF HE	ALIN-DAI	LIIMOKE, I	•	11843	7
	8447	CERTIFIC	ATE OF DE	ATH		Reg. Dist. No	302	
PLACE OF DEATH S. COUNTY S. COUNTY	ington	MARYLAND	2 USUAL RESIDEN o. STATE W.S.T.Y.1:	CE (Where decease	a shi Sount	on Residence bef	ore admission))
b. CITY OR TOWN (If or RURAL and give near	urside corpordie limits, write	c. LENGTH OF STAY IN 15			orote limits, write R		egrest town)	
Hagersto	NVI	8 Days	Ha	gerstow	n			
OR INSTITUTION	(If not in hospitol, give street County Hosp		d. STREET ADD	ess ogwood	Drive		e. IS RESIDE ON A FA YES N	
NAME OF	First	Middle	lent	4. DATE	Mon	4b 0		
(Type or print)	LOUIS	NMN	POLLACK	OF DEATH	July	9 1959		
s. sex Male	White WIDON	RRIET NEVER MARRIED	8. DATE OF BIRTH	1900	9. AGE (In years lost birthdoy) 59 yrs	Months Doys	1	Min
On LISUAL OCCUPATION	(Give kind of work done 10)	KIND OF BUSINESS OR INDU				12. CITIZEN	OF WHAT CO	HINTRYS
Manager	life, even it retired)	Shoe Dept		n Engla	_		JSA	, Contract of
3. FATHER'S NAME			14. MOTHER'S MA	IDEN NAME				
	Pollack		Fan	nie (No	Record)		
Yes no or unknown) (If y	N. U. S. ARMED FORCES? 16		INFORMANT		Add			
No	18	57-12-5124 M	rs Grace	R. Pol	lack 110	Dogwo	od Dr	
PART I. DEATH	Enter only one couse per WAS CAUSED BY. MAEDIATE CAUSE (b)	cute Panc	realte	rstown	.d.	ON	TERVAL BETWING	ATH
Conditions, if any, gove rise to imm couse (a), stating the lying couse lost.	rediote Diversi	mary occuren	- old du	Redi S	cluster	Kens D	wh to	13.
Chronich	leuptite c Chr	CONTRIBUTING TO DEATH BU	undere (Au	ryry o	mly 3-19	EN IN PART I(o)	19. WAS AUT PERFORME YES N	ED?
	JNDERLYING [] 206. DE CAUSE OF DEATH DICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	ED (Enter nature of in	uryl/in Port/I or Po	rt II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	While	e Not while fork of work	LACE OF INJURY (Homoclory, street, office blo	e, form, 20f. (Cit g., etc.)	y or town)	(County		(Slote)
21. I certify that alive an	offended the deced	- / //	0 , 19.5%, 1 h accurred at.()		n the causes of the city or town,		ate stated	ceased abave, signed
PHYSICIAN'S NAME (Type)	DIDNEY	NOVENST	EIN					
20. BURIAL CREMATION, REMOVAL (Specify) BUT 18.1	7/10/59	B'Nai Abrah	on Cenete	ry near	TION (City, town, or Hagers	town Wa	(Stote)	Co M
3 FUNERAL DIRECTOR'S S	IGNATURE	ADDRESS		REC'D BY REGIS		TRAR'S SIGNATU		
Andrew K.	Coffmin Ha	gerstown Md	. DA	TE JUL 1 4 1	59 C.	thus it. The	MA	

MADVIAND STATE DEPARTMENT OF LEASTLY DAITMORE TO



VS A15 (4) 15M 9/58





VS A15ME 8M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8480 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

•		LACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)
	L°	WASHINGTON MARYLAND	O. STATE MARILLAND b. COUNTY WASHINGTON
	b.	CITY OR TOWN (If outside corporate timits, write HUHAL C LENGTH OF STAY IN 16 and give neggest found)	c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town)
ŕ		APPLETOWN	TEAKLES MILL
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospitot, give street address)	d STREET ADDRESS e 15 REC DEN. 1 Ony A FARM?
		BOONSBORN MD-1212.	KEEDVSVILLE MDRI YES A NOT
	3. h	NAME OF First Middle	Loss 4. BATE Menth Day Year
		Type or print) STANLEY EDWARD	REFORR DEATH JULY 2 1959
	5. 5		DATE OF BIRTH 19 AGE III VOOL THE UNDER TYEAR IF LINDER 24 HRS
		MALE NHITE WIDOWED (DIVORCED ()	FE 13.9 8. 1899 (00 yrs Months Days Hours Min.
t		USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRI	17 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY?
	9	PLANTERE BUILDING	BOONSBORD WASH, CO MD. 115.A
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		JOHN S REEDER	DAINIE MARTO
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address
	11/800	Na 212-14-7546 N	MRS. LILLIAN REEDER KEEDISVILLE AV
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclero	tic coronary heart disease
			pronary thrombosis
		Conditions, if ony, which) (b)	Tollary diromodars
		gove rise to immediate couse	The state of the s
		(e), stating the underlying (c) (c)	
	Z		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
4	ICATION		PERFORMED? YES NO PA
	ΙĔΙ	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 1	nter notice of injury in Port I or Part II of item 18)
	CERTIFI	CAUSE OF DEATH. None	
	3		E OF INJURY (Home, form, 120f. (City or town) (County) (Stole)
	MEDICAL	Hour o. m. None 19 While Not white lactor	ry, street, office bldg., etc.)
		21. I certify that I took charge of the remains despribed above	re, held on Autopsy , Inspection V. Inquiry , and in my
		opinion death resulted from: Notural couses M. Accident	
		SIGNATURE S. Rober 7 Wello	M.D. CHIEF MEDICAL EXAMINER
	Ш		ASSISTANT MEDICAL EXAMINER (
٠,		EXAMINER'S NAME (Type) S. Robert Wells, M.D.	DEPUTY MEDICAL EXAMINER (4)
	220	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR C	CREMATORY 22d LOCATION (City, town, or county) (Stote)
	1	BURIAL SULY-5-1959 LOCUST GROVE	E-WASH CA MARYCAND
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
		JAN H. BOAT BOANSBORD AL	DATE JUL 8 '59 Contin & sti



								NT OF HEALT			8	8440
š /	111			848 M	EDICAL	EXAMINE	R'5	CERTIFICA	TE OF D	EATH	Reg. Dist. No	
cremovion	M	1.	PLACE OF DEATH	Was	nington	MARYE	AND	2. USUAL RESIDENCE (_	ved. If Instituti b. COUNTY		ore odmission) ington
DOLLION,	*20,	t	o. CITY OR TOWN (and give necked for Rura			LENGTH OF STAY II		x Rural H			URAL and give n	egrest lown]
	1	ľ		tal or institution # 2 Hagi	(If not in hospital's town	, give street oddress		R # 2	Hagerst	own.		o. IS RESIDENCE ON A FARM? YES NO
,	- ,		NAME OF DECEASED (Type or print)	Thor	18.5	Bla.ine	I	Renner	4. DATE OF DEATH	Month July	10	Year 19 59
		5. 3	Male	White	WIDOWED K		<u>-</u> (5-18-1884	lo	7 5 yes.	Months Days	IF UNDER 24 HRS Hours Min.
		100	. USUAL OCCUPAT Juriog most of work Retire	ON (Give kind of working life, even if retired)	done 10b. KIND	of Business or II	d d	11. BIRTHPLACE (Show	or foreign countr land	γ)	12. CITIZEN O	F WHAT COUNTRY
		13.	FATHER'S NAME	Thomas E	. Renne	ər		14. MOTHER'S MAIDEN	name a Jane i	Benner	ı	
		15. (Yes	WAS DECEASED ET NO, or unknown?	VER IN U.S. ARMED FO (If yes, give war or dates o	f narrowen)	11 SECURITY NO. 5-10-467			Renner	Address R #	2 Hager	stown,
	;			ATH [Enfer only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (oro	nary throm	nbosis		INTER ONSE	VAL BETWEEN T AND DEATH
1-Tron3-1			Conditions, if		1							
			gove rise to imme (a), stating the cause lost.	enderlying DUE TO								
	0	CATION	PART III. OT	HER SIGNIFICANT CO	None None	HEUTING TO DEATH	BUT NO	OT RELATED TO THE TERM	INALDISEASE CO	NDITION GIVE		P. WAS AUTOPSY PERFORMED? YES NO 2
		CERTIFI	20g. EXTERNAL CAPRIMARY DO COC CAUSE OF DEATH	USE WAS INTRIBUTING		W INJURY OCCURS	ED. (En	ter noture of injury in Por	rt I or Part II of ite	em 18.j		
).		MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	IRY Month, Day, Ye none 19	While	Not while of work	PLAC factor	E OF INJURY (Home, form ry, street, affice bldg., etc NONE	n. 20f. (City or to	own)	(County)	(State)
								e, held an Autops ide [], Homicide		ection E , termined co	Inquiry [],	, and find the
			ACTUAL SIGNATURE	S. Role	eit U	rell	<u>a</u>	.M.D. CHIEF MEDICAL E				DATE SIGNED
emovol	£.		EXAMINER'S NAME (Type)					ASSISTANT MEDICAL			7-11-	-59
or remov			Burial Specify	7-13		-		or Church	1	hingto	on Co.,	
E(5)		23.	FUNERAL DIRECTO	Provent	Here	ADDRESS SURVEY	>~	1	to by registrar L 1 3 159		RAR'S SIGNATUR	
				/	J		/					



VS A15 (4) 15M 10/57 M

8482

CERTIFICATE OF DEATH

Reg. Dist. No.

- 1														
1	1. PLACE OF DEATH o. COUNTY Washington MARYLAN					LIND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Washington							
1	1	b. CITY OR TOWN (If RURAL and give ne Smithsbu	outside corporate limitarest town)	ts, write	c. LENGTH OF STAY IN	4 1b		rown (If o		role limits, write R	URAL and gi	ve nearest to	wn)	
X		d. NAME OF HOSPITA	AL (If not in haspitol, g		less Smithsb	our	d. STREET A	DDRESS				ON	RESIDENCE A FARM?	
The state of		NAME OF DECEASED (Type or print)	Earl	'sl	Middle Dayhoff		Rideno		4. DATE OF DEATH	Mon Jul		Doy	Yeor 19 59	
	5. :	SEX molo			IED X NEVER MARRIED		DATE OF BIRT			9 AGE (In years last birthdoy)	IF UNDER 1		IDER 24 HRS	
	10a	male . USUAL OCCUPATIO during most of work Tool crib	N (Give kind of working life, even if relired	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11 BIRTHPI	, -,	or foreign co)) Yes	12 CITIZ		AT COUNTRY?	
	13.	FATHER'S NAME					14. MOTHER'S							
		Reuben	Ridenour						ayhof	f				
			IN U.S. ARMED FOR If yes, give wor or doles of s	ervice)	SOCIAL SECURITY NO		FORMANT Too	T1	Dad.	Addi				
					15-07-9418		Mrs. Ir	ene w.	Ride	nour, Ca	verown	, Md.		
			TH WAS CAUSED BY: IMMEDIATE CAUSE (o	1	Corons.	1737	soclus	101.				INTERVAL ONSET AN		
		Conditions, if an gove rise to in cause (a), stoling tying cause last.	mediate)	Aropro	<u>ela</u>	.i tic	Ja.a.	3157.	2 1.r	-2.50	139	, ne.	
d	CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT I	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	PER	S AUTOPSY FORMED?	
		20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	206. DESC	CRIBE HOW INJURY OCC	URRED	. (Enler nature a	f injury in P	art I or Part	II of item 18.)				
	MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yes	While	VJURY OCCURRED 21 Not white at wark	0e. PLA foct	CE OF INJURY (lory, street, office	Home, form, bldg., etc.	20f. (City	or town)	(Co	unly}	(State)	
		21. I certify the	at I attended the	decease	ed from	-55	19	, ta	7-11-	5, 19	that I la	ist saw th	e deceased	
		alive an	1-11-53	, 12	, and that d	leath	accurred at	J: 01	PM, fram	the causes a	nd an the	date sta	ited abave.	
		(n	0 1 0	- 111	,					reet, city or town,			DATE SIGNED	
1		SIGNATURE C	harles So	· NE	20/	h	4.D	511	<u> </u>	<u> 3, 1/d.</u>		7-1	1-52	
		PHYSICIAN'S NAME (Type)	Charler	, i	Hegg	D_			-					
	720	BURIAL, CREMATION REMOVAL (Specify)	7/1//50	F	Smithsbur		CREMATORY			ION (City, town, o		Md .	late)	
	22		1/14/09			g				ithsbürg				
	23. 6	Haller 3	Heart		Address Waynesh	orc	Pa.	24a. REC'D	BY REGISTR		TRAR'S SIGN	VATURE		
		£					7	FULL	7 00	- Cliff	- 02			



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

118442

100	8483 MEDICAL EXAMINER 5 CERTIFICATE OF DEATH Reg. Dist.	No.
	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence	before admission)
	** County ashington MARYLAND W. STATE . Jefferson	V
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give and give nearest team).	re necrest town)
h.	ear Sharpsburg 1 Hr. Charles Town	
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	D.O.A. Wash County Hospital W. Washington St	YES NO
[3	3. NAME OF First Middle Last 4. DATE Month DECEASED OF	Day Year
- [(Type or print) CARRIE STAUBS ROD RICK DEATH July 25 195	9 19
5		AR IF UNDER 24 HRS.
	Female White WIDOWED DIVORCED August 16.1899 59 yr.	s Hours Min.
- Fi	Ou. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN TOTO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	OF WHAT COUNTRY
	Seamstress - Dress Factory Loudoun Co. Virginia	SA
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
L	George W. Staubs Carrie Jackson	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes, give wor or doles of service)	
	No 234-28-8871 Mr. Benny Rodrick, Charles Town, W.	VA.
Г		NTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	
	2° DUE TO	X
	Conditions, if any, which) (b) Altouring	is he his
	gove rise to immediate couse (a), stating the underlying DUE TO	
	couse lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.	PIRFORMED?
		YES NO
	200 EXTERNAL-CAUSE WAS PRIMARY Dor CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Port J or Port II of item 18.] CAUSE OF DEATH.	Tires
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF, INJURY (Home, form, 20f. (City or town) (County) Hour On the County of the County	(Stote)
	Hour D. m. 7-25 1257 While of work of work to forward live My Side of Rudge	Abshugh 1
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection /Inquiry	, and find the
	death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined cause	
	1 521 0 74	
- 1	SIGNATURE M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
	ASSISTANT MEDICAL EXAMINER	23/29
	EXAMINER'S NAME (Type) / F I I I I I I I O JA DEPUTY MEDICAL EXAMINER	/ /
2	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
	Burial July 28,1959 Edge Hill Cemetery Charles Town	W. Va.
100	TO PENALTRAL PROPERTY OF PROPE	THEF

Andrew K. Coffman Hagerstown Md.

DATE JUL 2 8 '59

Cithur & France

VS. A15ME(5) SM 9/55



1 1 FOR STATE HEALTH DEPT

al director, please or four files. and of Weekhy,

ve refor

TO DEPUTY MEDICAL EXAMINES This certificate should be executed within 24 hours ofter death. 1927y delay a execute the stificate, writing though found in pencil in them, 18. Give Pages 1, 2, and 3 he funerational reverded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained TO FUNERA RECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 848 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

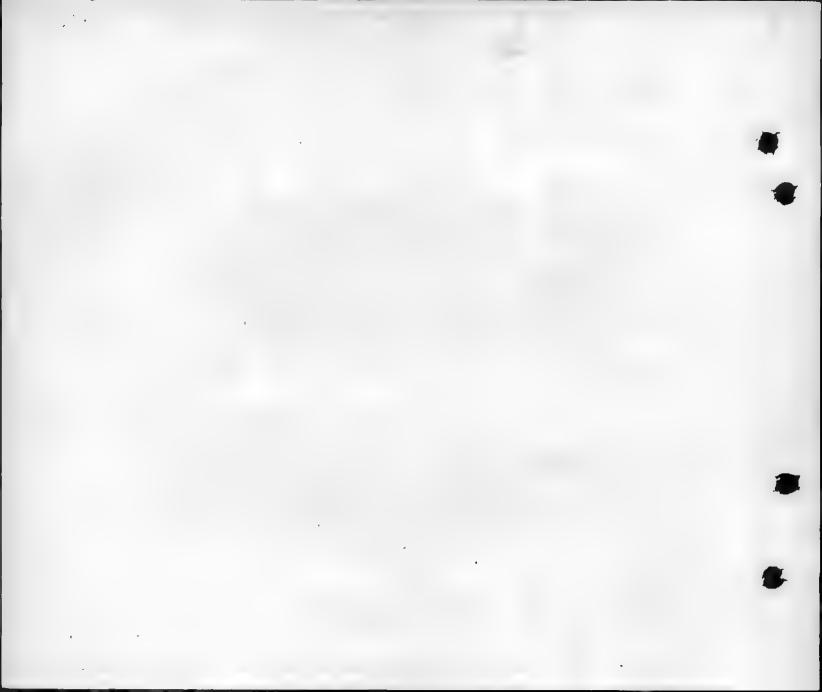
1	PLACE OF DEATH	ahtwates		2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o STATE By STATE					
-		shington outside corporate hosts, write RURAL	c. LENGTH OF STAY IN 1	o STATE Maryland b. COUNTWashington c. CITY OR TOWN (Il autride corporate limits, write RURAL and give neares' town)					
	Sharpsbur)	35 yrs	Sharpsburg Md.					
	d. NAME OF HOSPIT	AL OR NSTITUTION (If not in	hospital, give street address)	d STREET ADDRESS e. S. REJURNALE ON A FARMO					
	118 W. M	ain Street		118 W. Main Street YES NO IN					
3), NAME OF DECEASED (Type or print)	Anné o	Marie	Shealy 4. DATE Month Day Year Shealy DEATH July 2 19 59					
5	i. SEX		RRIED NEVER MARRIED	THE DATE OF BIRTH 9 AGE IN YOUR SET UNDER TYPE AR IF UNDER 24 HKS					
	Female	White wind	WED DIVORCED	April 1 1899 60 yrs. Manths Days Hours Min.					
Ĭ	during most of worker Housewi	ON (Give kind of work done to glife, even if retired) Te	Home	DUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY 1 artinshire W Va U.S.A					
_	3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME					
		Hiram Baker		Alice Little					
	15. WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If you, give war as doles of service)	16 SOCIAL SECURITY NO. 17	7. INFORMANT					
-)[No	No	None	Dr. Walter Shealy Sharpsburg Md.					
	Conditions, if a gave rise to imme (o), storing the cause lost. PART II. OTH	diate couse DUE TO UNDERLYING (C)	s <u>Contributing to death</u> bl	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (2)					
		NTRIBUTING 🔲 🚦	None None	D. (Enfer noture of injury in Port I or Port II of item 18.)					
	20c. TIME OF INJU	NONE	od, INJURY OCCURRED 20e White Not white it work of work	PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.) **Rone** (County) (State)					
	21. I certify I	hot I toak charge of t	ne remoins described o	bove, held an Autopsy 🔲, Inspection 🔼 Inquiry 🔲, and in my					
	opinion death	resulted from: Notur	al causes 🗗 Acciden	nt 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🔲					
-	ACTUAL SIGNATURE	, Robert	hello	M D CHIEF MEDICAL EXAMINER (
	EXAMINER'S NAME (Type)	S. Robert	Wells, M.D.	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER 12 July 2 195					
3	Burial CREMATIC REMOVAL (Specify	July 4-59		or CREMATORY 27d. LOCATION (City, town, or county) (Store) emetery Sharpsburg Md.					
	West 3	Laf Wu	llomsport	DATE JUL 7 '59 Continue of the second					



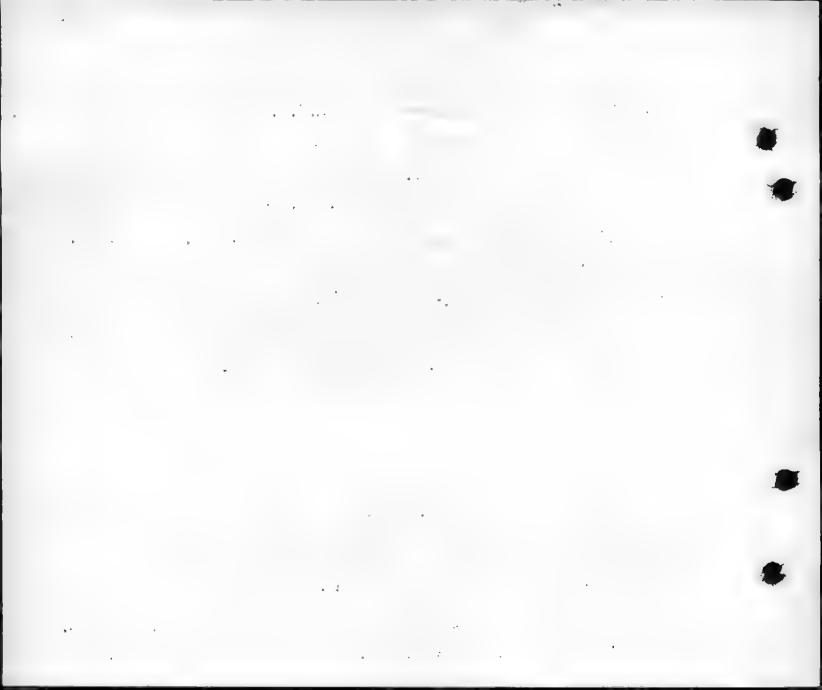
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rtifica		physic	эмоша
유		ling	se re
deat		ttend	plea
the s		he o	hen
hat		by t	<u>-</u> :
SPITA ATTENDING PF (IAN: The law requires that the death certificate by		VERAL STOR: After this certificate has been signed by the attending physician	3 shavid be detoched far use as the burial-transit permit. Then please remove carl
OW C	be ret by the hospital constending physician.	peen	frans
0)	d p	has	urial
Ä	andin	icate	the b
	Š	certif	G GS
P	0	his	r use
<u>ي</u>	spit	Her	d fa
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		MARYLA	ND STATE DEPART	MENT OF HE	ALTH-	-BALTIM	ORE, 18	084	1/1/4
		844	9 CERTIFIC	CATE OF D	EATH		Re	g. Dist. No.	127
) PLA	COUNTY WASH	INGTON	MARYLAND	2. USUAL RESIDE	NCE (When	e deceased lived	If institution R	esidence before	odmiss an)
HAG	ERSTOWN NAME OF HOSPITAL	(If not in haspital, give s	32 YEARS		STOWN	side corporate lin		L and give neare	IS RESIDENCE
	or institution 52 LIBERT	ST	Middle	/ 552 LI	-	. DATE	Month	Day	Year
DEC (Ty	ME OF CEASED pe or print)	NELLTE		SHEFFLER	I	OF DEATH	7	3	19 59
	ALE	WHITE	MARRIED NEVER MARRIED DOWED DIVORCED	APRIL 30,			birthday) Mo		Hours Min.
H	OUSE!VORK***	(Give kind of work dane g life, even if retired)	OWN HOME	PENN	A.			U.S.A.	
	OHN ZELL			ADELAI					
	o, ar unknown) (If :	N U. S. ARMED FORCES? res, give war or dates of service)		RS. RAY WO	LFING	ER HAG	Address ERSTOWN	,MD.	
18	PART I, DEATH	WAS CAUSED BY:	per line for (a), (b), and (c)] Mesenter	ic th	lone	Bozis			VAL BETWEEN T AND DEATH TOUR
1	Conditions, if ony, gove rise to imm	rediote (DUE TO	auricular	Fibri	lla	tim	١	7	days
, L	ying couse lost.) (c)	ONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO T	HETERMIN	al disease con	DITION GIVEN I	N PART 1(0) 19.	WAS AUTOPSY PERFORMED?
CERTIF CATION	OG ACCIDENT WAS R CONTRIBUTING E F EITHER, NOTIFY MI	UNDERLYING 20b.	. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of	injury in Pa	rt or Port II of	item 18)		res 🗌 NO 🔼
	Hour o. m.	Month, Day, Year 2	20e. While Not while It wark of work	PLACE OF INJURY (He foctory, street, office	ome, form, bldg., etc.)	20f (City or tax	vn)	(Caunty)	(State
	1. I certify that		ceased fromApri 19_54_, ond that dec		4º12N		ouses and a	n the dote :	
SI	CTUAL GNATURE	Paul H	arrion kill	M.D318	N. Po	tomac_St			7-6-59
PI	HYSICIAN'S PAL	l Harrison,	M. D.	Ha	gersto	wn, Md.			
220. 8 BU	URIAL CREMATION,	7/6.59	REST HAVEN	OR CREMATORY	2.	2d. LOCATION (HAGERST		MD.	(State)
	NERAL DIRECTOR'S S	IGNATURE HAGER	ADDRESS , MD.		240 REC'D	by regiştrar 7 59		R'S SIGNATURE	





1		MARYLAND STA 8451				ORE, 18	18446
		0431	CERTIFICAT	E OF DEATH		Reg. Dist	
director, start with	1.	PLACE OF DEATH COUNTY WASHINGTON	MARYLAND 2	USUAL RESIDENCE (WHO STATE MARY)	b	. COUNTY	before admiss on) SHINGTON
E e e		CITY OR TOWN (If autside corporate limits, write C LEN RURAL and give nearest tawn)	IGTH OF STAY IN 16	c. CITY OR TOWN (If a	159 1 507		
hould hould	-	HAGERSTOWN I. NAME OF HOSPITAL (If not in hospital, give street address or INSTITUTION OR INSTITUTION OR OUT NOTICE AND COLUMNIA TO CHE		STREET ADDRESS	2	CLEAR S	e. IS RESIDENCE ON A FARM? /
an and an	3	WASHINGTON COUNTY HOSE	Middle	NONE	4. DATE	44 N	YES NO 7
24 Hed		DECEASED Type or print) FRANK		SHIPP	OF DEATH JUI	Manth	Day Year 15 1950
r Sg	S.	EX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8. I	DATE OF BIRTH	9. AGE		YEAR IF UNDER 24 HRS.
camplest papers. ath.		MALE WHITE WIDOWED			379 79	yrs	
and cample bon papers. er death.		USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) WEAT INSPECTOR	esale	BROADFOR	DING, MI		S.A.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N			
physicion mours comours from the common to t	15.	JACOB SHIPP WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL	SECURITY NO INFO	CAROLI	NE KELLY	Address	
d and a d a d a d a d a d a d a d a d a		. no. or unknown] [(If yes, give war or dates of service)	NE Rev	0	Lasteine	Clear	Louis - Me
death ce	F	18. CAUSE OF DEATH [Enter only one cause per line for (c					INTERVAL BETWEEN
offer of the de		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) CEREBR	AL HEMORRHAG	E WITH HEIMI	PLEGIA		ONSET AND DEATH
the The		443× DUE TO					
es the		Conditions, if any, which (b) HYPERT	ENSIVE CARDI	O-VASCULAR D	ISEASE		UNKNOWN
requires on. n signed sit perm and in or	_	couse (a), stoting the under- lying couse lost. DUE TO					
ysici beer di, o	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUT NG TO DEATH BUT NO	OT RELATED TO THE TERM!	NALD SEASE CON	DITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED?
The g ph has has urial imov	FICA	20- ACCIDENT WAS INDED. WIND TO DOM DESCRIBE IN	NONE	F 4))	10 1	YES NO
MAN: rendin ficate the b	L CERT	200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE H OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED (Enter noture of injury in t	art I ar ran II or i	em 10)	
this cert r use as	MEDICAL	20c TIME OF INJURY Manth, Day, Year Hour o. m. Day, Year While Not work of wo	ot while factor	OF INJURY (Hame, farm y, street, office bldg., etc.	20f. (City or tow	n) {Cc	ounty) (State)
aspired for the property of th		21. I certify that 1 attended the deceased fro	m JULY 4, 1959	, 19, taJ	ULY_1510:	19,that las	t saw the deceased
END he hi R: A lache burit		alive an JULY 15, 1959 19	and that death a				
DR ATT by the CTO l be definition to		ACTUAL SIGNATURAL CONSENT OF	M.C		ADDRESS (Street, ci	ly or lown, stole}	DATE SIGNED
rel RAI shauld strar p		PHYSICIAN'S ARCHIE ROBERT COH	EN, M.D.	CLEAR SPRII	NG, MARYL	AND JULY	15, 1959
HOSP Cay be FUNE oge 3	220	REMOVAL (Specify)	NAME OF CEMETERY OR C		22d, LOCATION (C	lity, town, ar county)	(Stote)
O O O O O O O O O O O O O O O O O O O	22	BURTAL 1/18/37 B	ROADFORDIN			ORDING	MD.
► ► VS A1S (4)	1	1 1 -1 -1 -1	PRING. MD.		BY REGISTRAR	246. REGISTRAR'S SIGN	
1SM 9/58	4	TO THE TOTAL OF THE DESCRIPTION OF THE PERSON OF THE PERSO	richito's rib's	DAIRUE	2 0 '59	Circumy a. 16	A-4/6



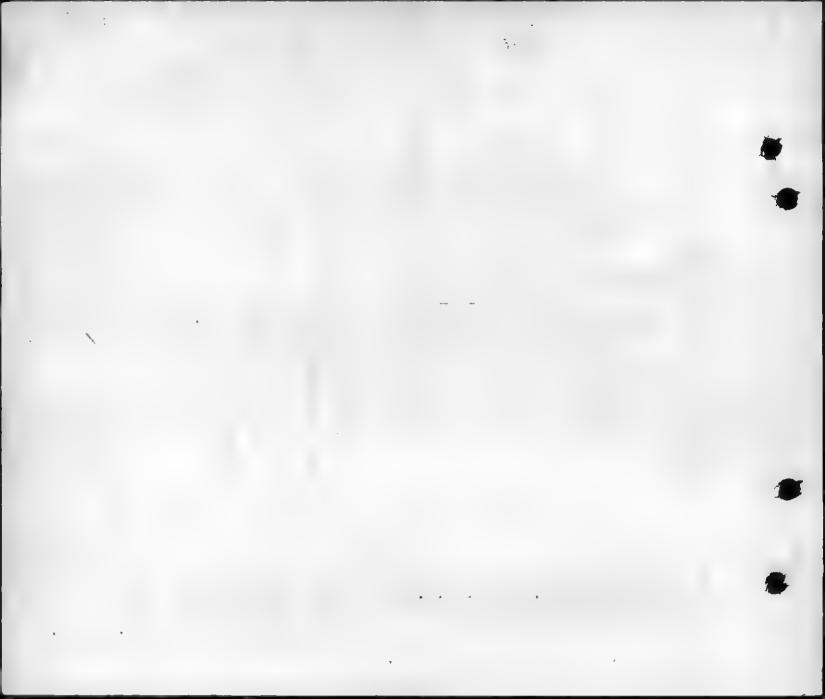
VS A15 (4) 15M 9/55

ARYLA	AND	STATE	DEPARTMENT	OF	HE.	ALTI	H	BALTI/	MOR	E, 1	8

118447

8452 CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY			2. USUAL RESIDE	NCE (Where decease		anı Residence !	before admission)
Washin	gton	MARYLAND	o. STATE	land	t asn	ngton	
b, CITY OR TOWN (IF RURAL and give neg	outside corporate limits, write rest town)	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside carpo	orate limits, write R	URAL and give	nearest fown)
Hagersto	wn	6 Weeks	⊜3 Hag	erstown			
d. NAME OF HOSPITA	L (If not in haspital, give stree	et address)	d STREET ADD				e. 15 RESIDENCE ON A FARM?
Wash Co	unty Hospit	al	/ 115 K	ing St			YES NOTE
3. NAME OF	First	Middle	Lost	4. DATE	Mon	th	Day Year
(Type or print)	GARVIN	WILLIAM	SHOWE	OF DEATH	July 2		_ '
5\$EX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)		EAR IF UNDER 24 HRS.
Male	White wipor	WED DIVORCED	April	5 1906	53 70	Months Do	ys Hours Min.
100. USUAL OCCUPATION	(Give kind of work done 10 life, even if retired)	b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLAC	E (State or foreign o	ountry)	12. CITIZE	N OF WHAT COUNTRY?
Custodian	Sc	hool Board	Tilghm	anton Wa	sh Co l	ad II	SA
13. FATHER'S NAME			14. MOTHER'S M	***	-611 00 2		V
Tool	ah Showe		Eff	ie Smit	rh.		
		6. SOCIAL SECURITY NO. 17.	INFORMANT	Te Duit	Add	ress	
(Yes, no or unknown) (II	yes, give wor or dates of service)		no Imano	Moss Tee			
No		314-09-5775 M					
	H {Enter anly one cause per H WAS CAUSED BY:	line for (a), (b), and (c)	ne.	gerstown	i mu.		INTERVAL BETWEEN ONSET_AND DEATH
PARI I, DEATI	IMMEDIATE CAUSE (a)	as contina	11 1500	ach			1 year
1.1x	DUE TO		/				0
Canditions, if on							
gave rise to im cause (a), slating It	mediate (
lying cause last.	(c)						
Z PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO T	HETERMINAL DISEAS	E CONDITION GIV	EN IN PART 10	ol 19. WAS AUTOPSY
S X C	andio-Vasca	ular and 2	leurs	ypkile	ン		PERFORMED? YES NO
200 ACCIDENT WAS OR CONTRIBUTING I	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURR	ED. (Enter nature of	y in Part I ar Par	t (L of item 18)		
30c. TIME OF INJURY	Month, Doy, Year 20d	INJURY OCCURRED 20e. P	LACE OF INJURY (Ho	me form 20f (City	or town)	(Cou	nty) (State)
20c. TIME OF INJURY Haur e m.	Whi		actory, street, affice b	ldg., etc.)		1200	(3,0,0)
21. I sertify the	it I attended the dece	ased fram 2- 3-	1955	10 7- 23	10-6	that Llas	t saw the deceased
alive on 7-	25 10						date stated above
Olive Oil		Since mor dean	i occorred die		treet, city or tawn,		DATE SIGNED
ACTUAL SIGNATURE	II Jun (1111	11.		<	7.0.0.	md als 7
SIGNATURE	2000-71-0	anny.	M.D. John	113.50	As	my	7/4/1
ими (туре) D	alton M. We	lty, M.D.	0	and and and which and all the contract was an end		U	
220. BURIAL, CREMATION	226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. 10CA	TION (City, tawn, i	or county)	(Stale)
Burial (Specify)	7/28/59	Rose Hill C	emeterv	Hage	rstown	Wash	Co Md
23. FUNERAL DIRECTOR'S	1 7 7 7 7 7 7 7 7	ADDRESS		40. REGIBBY REGIS	LRAR 24b. REGI	STRAR'S SIGNA	TURE
Andrew K.	Coffman Ha	gerstown hd.		JUL Z 8	59 G	rthun 2. 9	Trails
	-011 moult 2100	BOT BOOMIL WITH		****			



VS A15 (4) 15M 10/57

1 %		MARYLAI 845
the funeral director. Should be filed with	1. PLACE OF DEATH o. COUNTY Vashi	
funeral	b. CITY OR TOWN (If outside con RURAL and give nearest lown) Hagerstown	prest lawn)
short	OR INSTITUTION.	ounty Hospital
es l'o	3 NAME OF DECEASED (Type or print)	LUTHER
9	5 SEX	6. COLOR OR RACE 7.

ND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	Reg. Dist. NOU D							
1. PLACE OF DEATH O. COUNTY Washington MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o STATE La yland Wanington							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Agerstown 3 Weeks	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) 3 Hagerstown							
d. NAME OF HOSPITAL (If not in hospital, give street address) R INSTITUTION WASh. County Hospital	/d. STREET ADDRESS 1828 Virginia Ave							
3 NAME OF First Middle (Type or print) LUTHER SCOTT	SNOOK DATE Month Day Year DEATH July 13 1959 19							
S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	B DATE OF BIRTH 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS lost birthday) 53 yrs. 1 FUNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min							
106. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Poul try Dealer Merchant	Hagerstown Wash. Co Md. USA							
13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME							
Norman J. Snook	Eva Startzman							
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 IN 19 NO 19 Unknown) (17 yes, give wor or dates of service) 4-09-3318 MT	informant Address s Nellie M. Snook 1828 Virginia Ave							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse (a), stating the under- lying cause lost. The Cause (b) DUE TO Conditions of one of the couse (b) DUE TO (c) Hagerstown Md. Hagerstown Md. Hagerstown Md. Hagerstown Md. Which couse (a), stating the under- lying cause lost.								
(Inamia	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 2 NO							
	D. (Enter nature of injury in Part I or Part II of item 18)							
20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 oil wark at work	ACE OF INJURY (Home, form, 20f (City or town) (Caunty) (State) ctary, street, office bldg., etc.)							
21. I certify that I attended the deceased fram	19. 7, to 13 JULY 19. 59, that I last saw the deceased							
ACTUAL DE MILES OF STATE OF ST	ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) DATE SIGNED							
PHYSICIAN'S RECHARD TO BENFORD, M. D.	MAY 1135 POTOMAC AVENUE, 14 JULY, HAGERSTOWN, MARYLAND							
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)							
purial 7/15/59 St Pauls Cen								
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE							
Andrew K. Coffman Hagerstown Md.	DATE JUL 17 '59 Circles & House							



TO HOSPITAL OR ATTENDING PHY CLAN: The law requires that the death certificate be executed we may be retained by the hospital control of the physician of the standard physician and complete page 3 shauff be detached far use as the burial-transit mermit. Then please remove carbon papers, the registrar prior to burial, cremation, or remayal, and in any event within 72 hours ofter death.

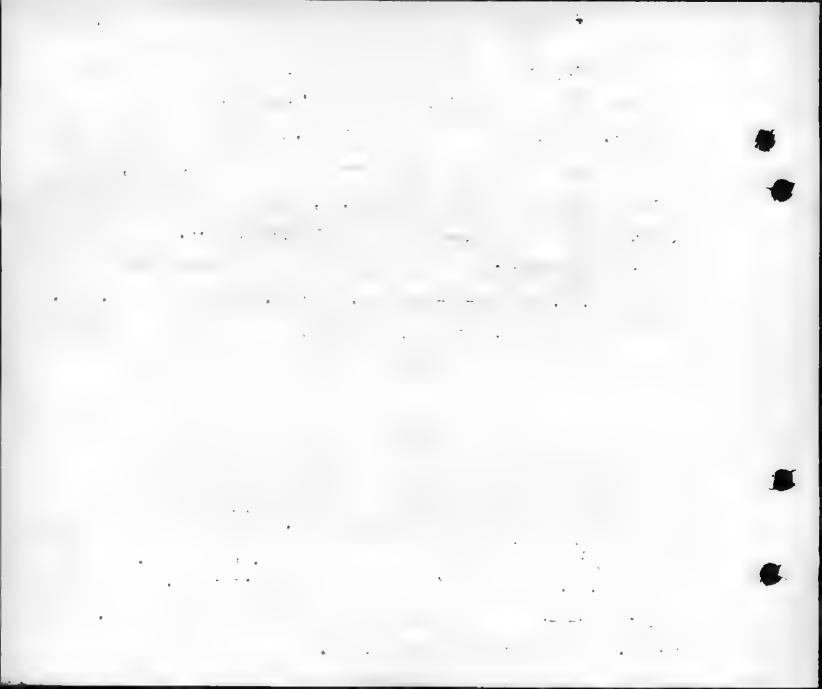
VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8454

CERTIFICATE OF DEATH

118449

	1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If ins b. COU	htution Residence b	efare admiss an)
	b. CITY OR TOWN (If outside corporate limits, write RURAL TRA give recently on Lif	OF STAY IN 16		itside corporate limits, wi	ite RURAL and give	nearest town)
	of NAME OF HOSPITAL (If not in hospital, give street oddress) OR 2502 S. Mulberry		d. STREET ADDRESS 262 S. Mu	lberry		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) ugene First Victor	Soderg	ren iost	4. DATE OF DEATH J	Manth uly 3, 1	959 Year
		DIVORCED 🔲 J	DATE OF BIRTH an. 4, 1921		ears IF UNDER 1 YE	FAR IF UNDER 24 HRS ys Haurs Min
	10c USJAL OCCUPATION (Give kind of work dane) during most of working life, even if retired) Foreman Shoe	SINESS OR INDUST	agers	town Md.	12.CITIZEN	OF WHAT COUNTRY?
	Ralph Sodergren		14. MOTHER'S MAIDEN NA		Rhodes	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECULYSES, no. of unknown) (If yes, give wor or dates of service) 213-12-		FORMANT S. Alice R.	Sodergre	Address n Hag.	Md.
	1B. CAUSE OF DEATH [Enter only one couse or line for (o), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (o), stoting the underlying cause lost.	ng Oc	clusion			NTERVAL BETWEEN DISET AND DEATH OUT OF THE PROPERTY OF THE PRO
)	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION	GIVEN IN PART 1(d	19. WAS AUTOPSY PERFORMED? YES NO
		NJURY OCCURRED.	(Enter noture of injury in Po	ort I or Part II of item 18	}	
	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCU Hour a m. p. m. 19 at work at wark	ile facto	CE OF INJURY (Home, farm, ary, street, affice bldg., etc.)		(Coun	nty) (State)
]	ACTUAL SIGNATURE F TUSBE	that death of	.b. 230 1	7, from the causes DDRESS (Street, city or the Potomac	and an the do	saw the deceased ate stated abave. DATE SIGNED
		of CEMETERY OR		rstown d 22d LOGATION (City, to		(Stote)
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRE		24g PEC'D	BY REGISTRAR 24b.	REGISTRAR'S SIGNA	



.64 3 to Poges 1 within

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08450

Reg. Dist. No.

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY Washington o. STATE b. COUNTY Maryland Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If guiside corporate limits, write RURAL and give nearest town) Hagerstown Frostburg d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RES DENCE d. STREET ADDRESS ON A FARM? D.O.A. Washington County Hospital 78 Frost Avenue YES NO TO NAME OF 4. DATE Month DECEASED OF DEATH July 19 Edward Francia Spates 59 (Type or print) 19 5. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED 3 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. Months Min Days Hours Ma la White WIDOWED [7] DIVORCED YES. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Frostburg Student 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Francis Spates Ruth Elizabeth Logsdon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 78 Frost Avenue No Mrs. Ruth E. Spates- Frostburg. Md no none 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Closed fracture of cervical vertebrae IMMEDIATE CAUSE (6) 5/6X **DUE TO** Fractured ribs Conditions, if any, which Hemo-pheumothorax gove rise to immediate cause **DUE TO** Shock (o), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO BE 20a, EXTERNAL CAUSE WAS PRIMARY 5 or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) Passenger in auto that was involved in a head-on collison MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (Caunty) (Stote) factory, street, office bldg., etc.) Hour XXX Md July 100 50 at work at work 10 Rural Clearspring Wash 6 :30 p. m. hishway 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and find that death resulted from: Notural couses , Accident X, Suicide . Homicide . Undetermined couse . DATE SIGNED ACTUAL M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 7-20-59 S. Robert Wells, M.D. **EXAMINER'S** DEPUTY MEDICAL EXAMINER K NAME (Type) 220. BUR AL, CREMATION, 7-23-1959 22c. NAME OF CEMETERY OR CREMATORY ME OF CEMETERY OR CREMATORY

Michael's Cemetery Frostburg (State) REMOVAL (Specify) St. 23_FUNERAL DIRECTOR'S SIGNATURE Hafer Funeral Home 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23 E. Main.Frostburg. Md DATE JUL 2 7 '50 they d. Though

VS. A15ME(5) 5M 9/55



Item 3 Film 240 8-21-59 et CERTIFICATE OF DEATH 118451 8456 Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY o. STATE Washington **b** COUNTY Washington Md. MARYLAND b. CITY OR TOWN (If outside carporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give negrest (own) Davs Rural Smithshurg Hagerstown d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM? Washington County Hospital YES NO T Smithsburg # 4. DATE OF DEATH NAME OF Middle Day Year DECEASED (Type or print) Spessar July 19 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO IF UNDER 1 YEAR! IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years last birthday) Manths Days Haurs WIDOWED [7] DIVORCED [7] July 14. 1890 69 Female White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Ringgold Md. U.S.A. House Wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME J. J. Wiles Mamie Mentzer mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Raymond B. Spessard. Smithsburg Md., #1 No 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) a. n. Not while at work a at work 21. I certify that I attended the deceased from ______195_9 that I lost saw the deceased and that death occurred at 1 2 2 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE GM.D. 1135 Potomac Ave. Hagerstown Md PHYSICIAN'S NAME (Type) Richard T Binford 1135 Potomac Ave. Hagerstown Md 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Rurial Green Hill Wayneshoro, Franklin 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR Waynesboro Pa. DATE AUG 3 '59 arthur & Hais

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





VS A15 [4] 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08453

8485

CERTIFICATE OF DEATH

E	<u> </u>	100		Reg. Dist. No.
	1 PLACE OF DEATH D. COUNTY		2. USUAL RESIDENCE (Where deceased lived o STATE	If institution Residence before admission) COUNTY
_	WASHINGTON	MARYLAND	MARYLAND	WASHINGTON
	b. CITY OR TOWN (If outside corporate limi RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate lin	nits, write RURAL and give nearest town)
	FALEDLAY - RUR	RAL SYEARS	X TAIRPLAY -	RURAL
	d NAME OF HOSPITAL (If not in hospital, of INSTITUTION	give street oddress)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?
	FAIRFLAN	- N.D. R.	FAIRPLAY - M	D. 12. / YES X NO E
	3. NAME OF DECEASED		Losi 4. DATE	Month Doy Yeor
	(Type or print)	SESTINAS: + T	STEVEN DEATH CO	
	5. SEX 6. COLOR OR RACE		8. DATE OF BIRTH 9. AG	E (In years birthday) Months Days Hours Min
	FEMALE WHITE	WIDOWED DIVORCED	JUNE-22-18671 C	12 m 0 23
	during most of working life, even if retired	done 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State ar foreign country)	12 CITIZEN OF WHAT COUNT
	HALCE KEEDELS	LOWN HIME	- INTERCERS 3 12 -	PENNA USA.
	13. FATHER S NAME		14. MOTHER'S MAIDEN NAME	,
	(NOREGOISD)	BECK	CHRIST!NE	(NO RECORD)
1	15. WAS DECEASED EVER IN U. S. ARMED FOR		NFORMANT	Address
	/ /\3	NONE IM	RS. HARRY O. BAKNES	TARPAY NO. 3.
	18. CAUSE OF DEATH [Enter only one co	ouse per line for (o), (b), and (c).)		INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Arterioscle:	rotic encephalomal	acia ONSET AND DEATH
	320 X DUE TO			
	Conditions, if ony, which)	. Generalized a	rteriosclerosis	5 Yr plu
	gove rise to immediate (
	lying couse lost.			
			NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART NOT 19 WAS AUTOPSY
0) ¥			PERFORMED?
	200 ACCIDENT WAS UNDERLYING	206. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part 1 or Part II of	
	PART II. OTHER SIGNIFICANT CON 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(·-···
	S 20c. TIME OF INJURY Month, Day, Ye	ear 20d INJURY OCCURRED 20e PL	ACE OF INJURY (Home, form, 20f (City or low	(County) (State
	Haur a.m. p. m.	While Not while to	ctary, street, office bldg., etc.)	
	21. I certify that I attended the	deceased from June 1	5, 1959 to	10 4-411-4 11 1-
	alive on June 15.			_, 19,that I last saw the deceas
	allve on Garage 19	ond mor dear	occurred at 8 Pt M, from the	
	ACTUAL NATURE	H-Xniat	Sharpsburg, Me	
1	SIGNATURE	/ 010	7.D.	
ž.	PHYSICIAN'S Walter H	H. Shealy M. D.	A most compared that the contract of the contr	
	220. BURIAL, CREMATION, 226. DATE THEREC	OF 22c NAME OF CEMETERY O	R CREMATORY 22d LOCATION (City, town, or county) (Stote)
	CORIAL CULY-18	1959 BOONSBORD	CEMETERY BOOKSE	SORO WASH COINIT
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE
	- Yell O Bash	1,5301 513570	() DATE JUL 21 '59	Circhard S. Fleans



118454

Reg, Dist. No.

	LACE OF DEATH				2. USUAL RESIDENCE (V					ission)
	Washing	rton		MARYLAND	o. SIAMaryla	nd	b. COUNT	ashin	gton	
Ь	. CITY OR TOWN (IF and give necres) town)	outside corporate fimits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	outside carpo				own)
Be	kersvill	Le		14 years	XBakersvi	11e				
d	. NAME OF HOSPITA	L OR INSTITUTION (f nat in hosp	pital, give street address)	/B. STREET ADDRESS					RESIDENCE
	Boonesbor	o RFD #1			Boonesbor	o RFD	#1			□ NO D
3. 1	NAME OF DECEASED	Fire		Middle	Last	4. DATE	Month		oy	Үөөг
	Type or print)	DAVID		EARL S	STICKLEY	DEATH	July	r 21	9	19 59
5. \$	EX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	B. DATE OF BIRTH		. AGE (In years lost birthday)	IF UNDER TYE		DER 24 HRS
I	Wale	White	WIDOWED	DIVORCED	anuary 29,	1900	59 yn.	Mapths Day	Hours	Min.
10a	USUAL OCCUPATIO	N (Give kind of work	done 10b. K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State	ar foreign cov	ntry)	12. CITIZEN	OF WHAT	COUNTRY
l °	Machinie	t T	Md.	Pipe & Meta	11s Hagers	town	Md	U	SA	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN I	NAME				
	Harry S	stickley			Florenc	e Vau	zhn			
		R IN U. S. ARMED FO		OCIAL SECURITY NO. 17. 1	NFORMANT		Berker	svill	e Mo	
	No. or wetnown)			L <u>4-09-2428</u> I	irs.Alice S	tickle	y Boon	esbor	o ŘFI) #1_
	18. CAUSE OF DEAT	H (Enter only one cau	se per line f	or (o), (b), and (c).}	20			1	NTERVAL BETW	/EEN
		H WAS CAUSED BY:		Coronary	y letters	LATE				_
	4 10	DUE TO		/- I	2 1	1.6	1 1		_~_	
	Conditions, if an	y, which) (b)	(esterio!	Velerolee)	Doar	9 Le	م روسونو	3 M	TRA
	gave rise to immedi (a), stating the u									
Н	couse last.	(c)								
3	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INALDISEASE (CONDITION GIV	EN IN PART 1(
Ĭ									YES [ORMED? NO [2]
CERTIFICATION	20g. EXTERNAL CAU	SE WAS 20	b. DESCRIBE	HOW INJURY OCCURRED. (Enter nature of injury in Por	t I or Port II of	item 18.)			
CER	CAUSE OF DEATH.	TRIBUTING [
3	20c. TIME OF INJUR	Y Month, Day, Yea	r 20d. 1	NJURY OCCURRED 200 PLA	CE OF INJURY (Home, form	n, 20f. (City o	r town)	(County)	(Stote)
MEDICAL	Hour o.m.	19	While	Not while fac	tary, street, office bldg., etc.	.)				
[*]		at Ltook chorae		emoins described obc	ve held on Autons	v 🗍 Ins	pection 4	- Inquiry	boo	find the
			-	₹ Accident □. Su			determined c	1-many		FITTG TITE
	deoili tesotied	prom. Hororor	2	J, Accident [], 50	reide [_], Hollifeide	. Ш,	Jerei IIIIIlea C			
	ACTUAL	Zul	1	154	CHIEF MEDICAL EX	XAMINER [-	DATE	SIGNED
	SIGNATURE A			on p	M.D. CHIEF MEDICAL EX			-7/	-	
	EXAMINER'S	> FIM	77	77. 9	DEPUTY MEDICAL		_	/	39/3	9
220	BURIAL CREMATION	22b. DATE THEREC	IE (22c. NAME OF COMPTERY OF	CREMATORY	Supple Control	ON (City, town, o	ne cought	181	otal.
420	SEMOVAL (Specify)	A 17 . m			a 365 .				(Sta	_
22	FUNE AL DIRECTOR!	AUG. I.	1959	Bakersville	Cemetery	Bake By REGISTRA	rgvill	e Max	ylan	<u>a</u>
1/	10000		7//	William on	The man	159		S. France		

VS. A15ME(5) 5M 9/55

or removal.

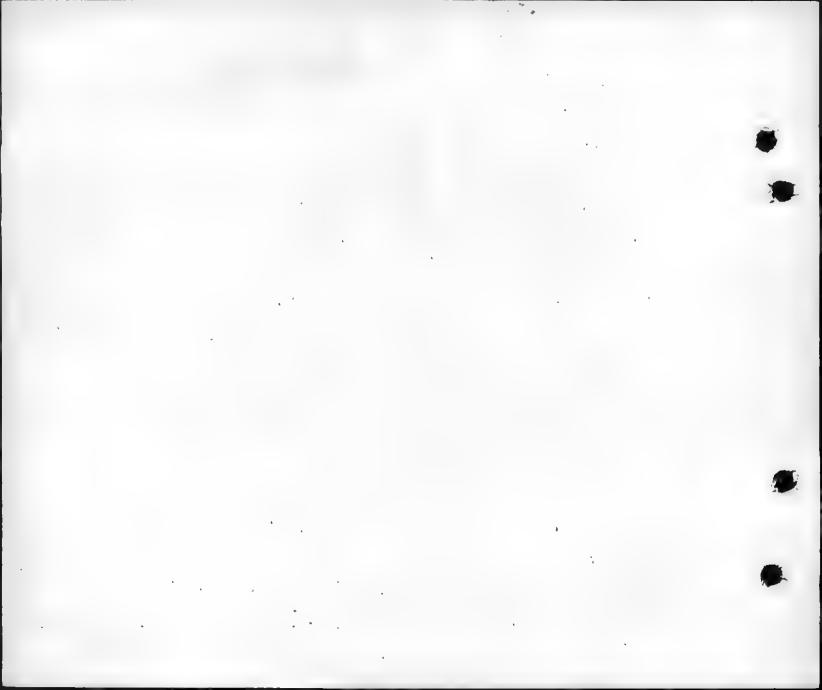




VS A1S (4) 1SM 9/SB

08456

Washington C. MARTEAND TREMPRE
b. CITY OR TOWN (If autside corporate limits write c LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn)
Williamsport 16 deep - Chambers there
d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e 1S RESIDENCE
Williamsport Sawitarium Rente 4 VES NO
3 NAME OF DECEASED First Middle Last 4. DATE Manth Day Year
(Type or print) John Stockslanen DEATH Tilly 195
5. SEX 6. COLON OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE IN your AF UNDER 1 YEAR IN UNDER 24 HI
Malo White WIDOWED DIVORCED Gilly 31, 1881 Torre. Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY 13 CITIZEN OF WHAT COUNTRY 14 CITIZEN OF WHAT COUNTRY 15 CITIZEN OF WHAT COUNTRY 16 CITIZEN OF WHAT COUNTRY 17 CITIZEN OF WHAT COUNTRY 18 CITIZEN OF WHAT COUNTRY 19 CITIZEN OF WHAT COUNTRY 19 CITIZEN OF WHAT COUNTRY 10 CITIZEN OF WHAT COUNTRY 10 CITIZEN OF WHAT COUNTRY 11 CITIZEN OF WHAT COUNTRY 12 CITIZEN OF WHAT COUNTRY 13 CITIZEN OF WHAT COUNTRY 16 CITIZEN OF WHAT COUNTRY 17 CITIZEN OF WHAT COUNTRY 18 CITIZEN OF WHAT COUNTRY 19 CITIZEN OF WHAT COUNTRY 19 CITIZEN OF WHAT COUNTRY 10 CITIZEN OF WHAT COUNTRY 10 CITIZEN OF WHAT COUNTRY 11 CITIZEN OF WHAT COUNTRY 12 CITIZEN OF WHAT COUNTRY 13 CITIZEN OF WHAT COUNTRY 16 CITIZEN OF WHAT COUNTRY 17 CITIZEN OF WHAT COUNTRY 18 CITIZEN OF WHAT C
farmer talming regulation, Ind. U.S.A.
13. FATHER'S NAME
martin stockslever mary toover
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address
No No No NE Mrs. 2 & houster Chambershing Pa
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]
PART I. DEATH WAS CAUSED BY ONSETANOI DEATH
IMMEDIATE CAUSE (6) COLO DECIDE O COLO
DUE TO DIE TO
Canditions, if any, which by Trobable (Nom Dos')
cause (a), stating the under DUE TO
lying cause last. (c)
PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPS PERFORMED?
PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPEPPERFORMED? YES \(\subseteq \text{NO} \)
206. ACCIDENT WAS JNDERSYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of Item 18) OR CONTREUTING HEAVE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
3 20c, TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, 20f (City or tawn) (Caunty)
Haur o. m. While Not while raciary, street, write bragger etc.)
21. I certify that I oftended the deceased from. June 22.19. 3 fto July 1, 195 that I last sow the decease
alive on July 1,
ADDRESS (Street, city ar town, state) DATE SIGN
SIGNATURE MEDOLULE M.D. 28 W Potomac 7-1-
PHYSICIAN'S D A COLINIA COLINI
NAME (Type) Jr. MAX DYNKIT (D. 111 OW SPON MO
220. BURIAL, CREMATION, 220 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City town, or county) 2(5) de)
1 Pour of Vallet 1999 Land Read Completed Colline OCA Political Colline
23 FUNERAL DIRECTOR'S STENATURE ADDRESS 1 246 REC'D BY REGISTRAR S SIGNATURE Cultury A Triangle
16/14/19
Explicate Victory Texterne Walnus Bort DATE JUL 6 '59 Colling & France



VS A15 (4) 15M 10/57

118457

	"We shing	ton			MARYLAND	Mary]	land		Wa's	ning	gton	1		
b. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) c. LENGTH OF STAY					TOWN (If our						arest fow	1)		
	Hagers	town			Days	cS I	Jager	stown						
	OR INSTITUTION					d. STREET A				_	***		e IS RES	PARM?
	Wash. County Hospital					/ 714	1 Wes	t Fra	nkl	in	St			NOS
	NAME OF DECEASED	Fir			Middle	La	ul .	4. DATE OF	-	Mant		Do		Year
						IVAN		DEATH			7 1			19
5		6. COLOR OR RACE						م ا ا	AGE (In		Manths	R I YEAR Deys	Hours	R 24 HRS Min.
100	Female	White	WIDOW	formed	IVORCED [June 29		_		yrs	-	0		
	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) Hagerstown Wash. Co Md. USA													
_	FATHER'S NAME	<u> </u>				14. MOTHER'S								
	Johnel St	ıllivan				Jo.	Ann /	Whit	e					
15.	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECUR	ITY NO 17.	INFORMANT				Addr				
(14	NO (I	f yes, give wor or dates of it	mvice)	None	Jo	hnel S				. F	rank	lin	St	
	18. CAUSE OF DEAT	TH [Enter anly one ca	use per lii	ne far (a), (b), c	and (c)]	lia.	gerst	own h	d.				ERVAL DE	
	PART I. DEAT	H WAS CAUSED BY:	Me	eningiti	s							222	1 3 B	hours
	· ·	DUE TO	M	eningo	myeloc	oele						C	onge	nital
	Conditions, if an		M	alform	ation o	f both fe	et and	hand	S.			LC	onge	nital
	gave rise to im cause (a), stating t		D	·	14								Ū	
7	lying cause last.) (c		rematu										
CATIO	Prems	er significant con	DITIONS E	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE I	CONDITI	ION GIV	EN IN PA	RT 1(a) 1	PERFO	AUTOPSY RMED? NO
MEDICAL CERTIFICATION	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING []	20b. DES	CRIBE HOW IN	JURY OCCURRE	D. (Enter nature a	if injury in Pa	rt I or Parl I	l of item	18)				
Z Z	20c. TIME OF INJURY	Manth, Day, Yea	r 20d. If	NJURY OCCURR	RED 20e. Pt	ACE OF INJURY (Hame, farm,	20f. (City a	r tawn)			(County)		(State)
WEDI	H <u>ayr a.m.</u> p. m.		al wor	Notwhile k	<u></u>	ctary, street, affic	e bldg., etc.)							- ' '
	21. I certify the	at I attended the	deceas	ed from.	Birth 6	-29, -5 9	, lo D	eath 2	3-7-5	9	that I	last so	w the	deceased
	alive on 7	-6-59	_, 19	, and	that death	occurred of	3:00	M. from	the ca	uses o	nd on	the do	te state	d above
	4	17 4	- 4	/'	100			DDRESS (Sire						ATE SIGNED
	ACTUAL TUBE	6 acrel	1	lea	due	M.D. 318]	N. Pot	omac	St.	, Ha	ager	stow	n, I	VId
	PHYSICIAN'S	•	4										7-7-	
	A		Kea											
220	BURIAL CREMAT ON REMOVAL (Specify)		F			R CREMATORY		2d LOCATIO					(Stat	•
23	BUT181 FUNERAL DIRECTOR'S	7/8/59		ADDRESS		Cenete	1	Hagei			TRAR'S S		O H	d
2.3.	Andrew K		, Ho				DATE JU	BY REGISTRA			TRAR'S S			
	BITTOT ON TT	e of trust	T TTCP	Perpin	MALL MILL		DATE VIU	F 0						



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7	0499	CERTIFICA	AIE OF DEATH		Reg. Dist. No.					
	1 PLACE OF DEATH		2 USUAL RESIDENCE (Whe	re deceased lived. If institution	s: Residence before admission)					
	Washington	MARYLAND	Fenna	b. COUNTY	Praulilin					
	b. CITY OR TOWN (If ourside corporate limits, write c. RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	tside corporate limits, write RU	RAL and give nearest lown)					
	Hagestown	4 days	Kambe	shing "	7: x · ·:					
	d NAME OF HOSPITAL (If not in hospital, give street odd OR INSTITUTION	ress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
	Washington (R. 1700	pilat	100 Person	round are	YES NO DE					
	3. NAME OF DECEASED First DECEASED (Type or print)	Middle	Homeso ~ -	4. DATE Month	Day Year 1957					
		NEVER MARRIED	B. DATE OF BIRTH	Chron	F UNDER 1 YEAR IF UNDER 24 HRS.					
	WI WIDOWED	DIVORCED []	dept. 4, 1883	7 Pust birthdayly	Months Days Hours Min					
	10a. USUAL OCCUPATION (Give kind of work done 10b. Kinduring most of working life, even if retired)	0 1	STRY VII. BIRTHPLACE (Slote o	r foreign country)	12. CITIZEN OF WHAT COUNTRY					
		rchent		Co., /a.						
/	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME Va						
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOI	CIAL SECURITY NO. 17. I	NFORMANT	Myeve Addres						
	(Yes, no. or unknown) [If yes, give wor or dotes of service)		Mr. Mane	A K A Address	" (-ramig, "					
	18. CAUSE OF DEATH [Enter only one cause per line f	or (o), (b), and (c).	THE POWER POWER	a n. A man	INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY: Cheute	Kepothe faith	M. + Remarihace	or from want	INTERVAL BETWEEN ONSET AND DEATH					
	581.0 DUE TO AVEN	i'cle			1 70 200					
	Conditions, if any, which) (b)	ntac en	Lothour .		Unkurur					
	gove rise to immediate couse (o), stoting the under-									
	lying couse lost. (c)									
)	PART II. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN	N IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 1					
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	ort I or Part II of item 18.)						
			ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)					
	Hour a. 51. p. m. 19 While at work	1401 141116	and the state of t							
	21. I certify that I attended the deceased	fram	(LT, 19.19 , ta	7/19,1959	that I last saw the deceased					
	alive an 7/19, 12 59	, and that death			id an the date stated abave					
	ACTUAL 1. 1 17-10.		post 1	DDRESS (Street, city or town, sh	DATE SIGNED					
1	SIGNATURE JOLICE / 12/17/10	LANCE	M.D. 154 M	1. Washingson	Nt 7-19-50					
ı	PHYSICIAN'S JOHN H. HO.	RNSAKER	Hagen	stown - Tu.	(
	REMOVAL (Specify) 7/. /	2c NAME OF CEMETERY O	R-CHEMATORY 2	22d LOCATION (City, town, or	county) (Slote)					
	Hurrent 1/21/59 1	larklown		Swelford Iwy.	Franklin Pa.					
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	[.]		RAR'S SIGNATURE					
	Hove de Cilvartion. It	3 mberoling	Ca. DARUG	3 '59 with	1. B. House					

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death; Page 4 the funeral director, may be retained by the hospitol of tending physician.

TO FUNERAL PRECTOR: After this ficate has been signed by the ottending physician and cample page 3 shapes be detached for use as the burial-transit permit. Then please remove carbon papers. The registrar prior to burial, cremation, or remayol, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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CERTIFICATE OF DEATH

Rea. Dist. No.

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1 1												
/ 17	PLACE OF DEATH o. COUNTY	Washingt	On	MARYL	- 11	o. STATE	· .	era deceased	b. COII	NTY _	lence before	admission)
	b. CITY OR TOWN (IF	oulside corporate limi		c. LENGTH OF STAY I	N 1b			ulside corpora	do	ite RURAL on	d give neare	si town)
	RURAL ond give net			11 Days		War	ford	sburg	Penn	in a		
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street			d. STREET A					e.	IS RES DENCE ON A FARM?
W	ashingtor	County	Hosp	ital		War	ford	sburg	Penn	a.	,	YES NO NO
3	NAME OF DECEASED	Fir	st	Middle		los		4. DATE		Month	Doy	Year
	(Type or print)	Ten	na	Mae		Tru	ax	OF DEATH		7	13	19 59
5	SEX	6. COLOR OR RACE	7 MAR	RIED NEVER MARRIE	Р□В	DATE OF BIRT	н	9	AGE (In ye		1	UNDER 24 HRS
	F	W	WIDOW			1y 10	.189	6	63	yrs. Months	33,	Hours Min.
11	Da. USUAL OCCUPATIO during most of working	N (Give kind of work of ing life, even if retired	done 10b.	KIND OF BUSINESS OF	INDUSTR	Y 11. BIRTHP	LACE (State	or foreign cou	intry)	12 (CITIZEN OF	WHAT COUNTRY?
13	HOUSON FATHER'S NAME			ousewife		More	AN C	ounty	W.VA	•	U.S	S.A.
	Ashur	Y Crouse				Cot	hant	ne St	otlan			
13	. WAS DECEASED EVER	IN U. S ARMED FOR		SOCIAL SECURITY NO	17. INF	DRMANT		116 50	COTGI	Address		u u
Ŧ,	No	If yes, give wor or dates of s	ELAICEL		Mrs	Malen	Kirl	k Han	eock	Ma		A,
	18. CAUSE OF DEAT	TH [Enter only one co	use per li	ne for (a), (b), and (c).}							INTERV	AL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	i a	leute pu	Imo	or and a	Jun (roli'su	ver		34	AND DEATH
	•	DUE TO		to the same of the								
	Conditions, if on		6	Thurm Goza	the	li tio	9 h	Eg VE	neo		Me	centain
	gove rise to in coust (a), stating t						4					
	lying couse lost,) (c)							~		
NOTAT	PART II. OTHI	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO	THE TERMIN	VAL DISEASE	CONDITION	GIVEN IN P	ART 1(a) 19	WAS AUTOPSY PERFORMED?
12												ES NO
CESTIE		S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	Enter nature a	if injury in P	ort I or Port 1	ll of ilem 18.)		
MEDICAL	20c. TIME OF INJURY	Month, Day, Yes			20e. PLACI	OF INJURY (Home, form,	20f. (City o	or town)		(County)	(Slote)
MF	p. m.	19	While of wor	k Not while		, most, otto	- Diag., etc.	<u>'</u>				
	21. I certify the	at I attended the	deceas	ed from	7-7	د او برو 19 برو	, to	7-	13.19	59 that	Llast saw	the deceased
	alive an	7/13	19 1	9, and that a	death a	ccurred at	5,10P	M. from	the couse	es and on	the date	stated above.
		1, ,						ADDRESS (Sire				DATE SIGNED
	ACTUAL SIGNATUREC	John Sto	740 v	n Coher	M.C	. 15	4 Wes	t Wash	ingtor	St.	7	:14:59
/	PHYSICIAN'S											
	NAME (Type)	John H.	Horn	baker, M.D.		Ha	gerst	own, 15	d			
27	REMOVAL (Specify)	, 226. DATE THEREO	F	22c. NAME OF CEMET	ERY OR C	REMATORY		22d LOCATIO	ON (City, to	wn, or county	1	(Slote)
L	Burial	7.16.5	9	Presetye	riar	Ceme	tery	Warf	ordeb	ure E	ulto	Panna
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			240. REC'D	BY REGISTRA	AR 246 R	EGISTRAR'S	SIGNATURE	
1	Loward	of stew	2	Hanowal	2 h	nel	DATE J	JL 2 0 '5	9	Cirklan	S. Kim	4

the funeral director, thould be filed with may be retained by the hospital fending physician.

O FUNERAL ECTOR: After this chiracte has been signed by the attending physician and complex page 3 shown be detached for use as the burial-transit permit. Then please remove carbon papers the registrar prior to burial, cremation, ar removal, and in any event within 72 hours, after death. TO FUNERAL VS A15 (4) 15M 10/57

CIAN: The law requires that the death certificate be executed

TO HOSPITAL OR

n 24 haurs after death. Page 4



n 24 haurs after death. Page 4

08460

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No.

PLACE OF DEATH o. COUNTAINING TO MARYENIA	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o STATE Md b. COUNTY Wash
b. CITY OR TOWN (If outside corporate limits, write 2007AL and give nearest town) Hagerstown 36 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) 3 Hagerstown
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington County Hospital	d STREEL ADDRESS ON A FARM? 19 Summit Ave. 10 IS RESIDENCE ON A FARM? YES \(\sigma \text{NO} \sigma \)
3 NAME OF DECEASED (Type or print) Louis Robert	Voris 4. DATE OF DEATH July 10, 19 59
s sex male 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED WIDOWED DIVORCED D	The second of the Difference of the Second S
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) chemist testing lab.	
13. FATHER'S NAME Robert R. Voris	14. MOTHER'S MAIDEN NAME Anna Bernhard
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes, give wor or dotes of service) 218-30-9712	Addie S. Voris, Hagerstown, Md.
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c) DUE TO	interval between onset and death 2 400
couse (o), stoling the under- lying couse lost. (c)	mes gardal ?
. 5 Drostreulors of Cole	BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 400
20G. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of item 18)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Hour o. m. 19 While Not while of work □ o	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
ACTUAL (18.00 (18)	th accurred at Sam., fram the causes and an the date stated above ADDRESS (Street, city or town, state) M.D. 159 W. Washington St., Hagerstown, Md.
PHYSICIAN'S NAME (Type) Philip J. Hirshman, M.D.	7/11/5
220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY burial 7-13-59 Green Hill	Cemetery Martinsburg, W. Va.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Scott F. Minnich & Son, Hagerst	OWN, Md DATE JUL 1 4 '59 Chilms S. Kraus



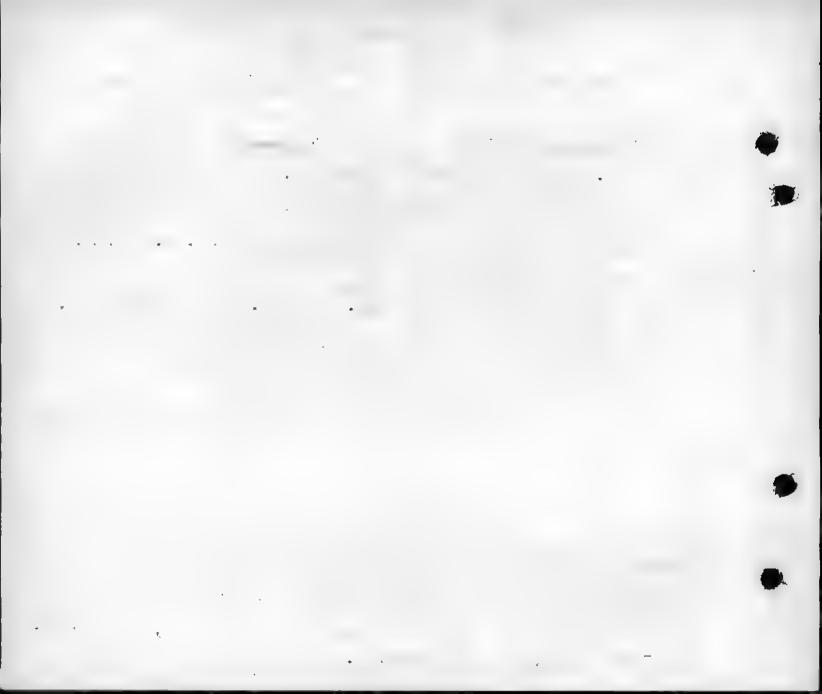
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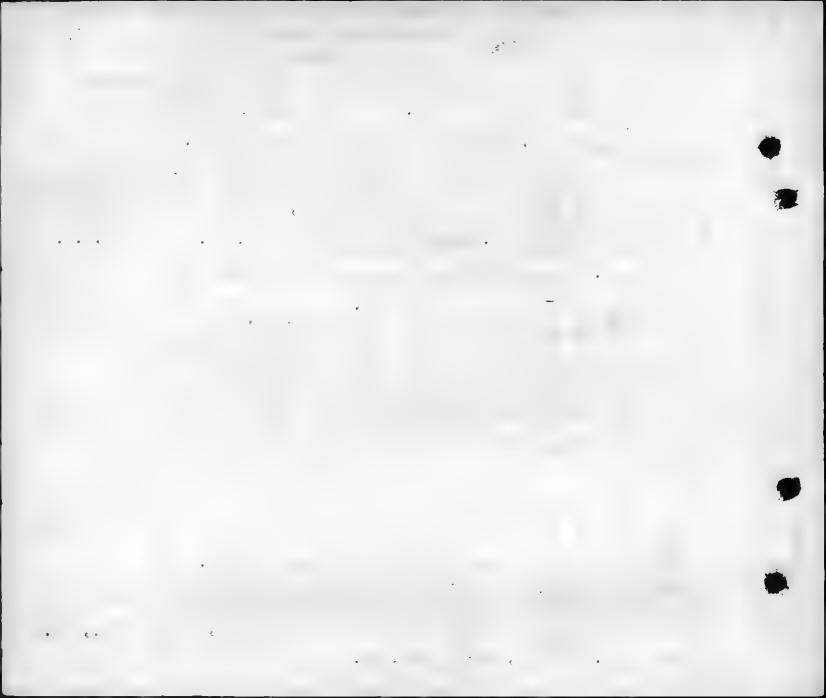
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TO HOSPITAL OR ATTENDING PILE. CIAN: The law requires that the death certificate be executed within 24 hours after death. Fage 4.	may be retained by the haspital attending physician.	TO FUNERA RECTOR: After this carificate has been signed by the attending physician and completely filled the funeral director.	page 3 strains be detached for use as the burial-transit permit. Then please remove carbon pagers, "Agges 1 & 1 should be filed with	č
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VS A15 (4) 15M 9/55

REAC OF DEATH PLACE OF DEATH FLACE OF DEATH	MAKTLAND	SIAIE DEPAKIM	ENI OF HEALIN	BALIIMUKE, I	0	119462
*** ABBING TON ***FARBING TON ***FARBING TON ***COUNTY*** ***FARBING CORPORDED limits, write C. ENCITH OF STAY IN 16 C. CITY OR TOWN (II outside corporate limits, write RUBAL and give secretal loom) ***CHANGE OF TOWN (II out in household, give sitem address) ***CHANGE OF TOWN (II out in household, give sitem address) ***CHANGE OF TOWN (II out in household, give sitem address) ***CHANGE OF TOWN (II out in household, give sitem address) ***CHANGE OF TOWN (II out in household, give sitem address) ***CHANGE OF TOWN (II out in household, give sitem address) ***CHANGE OF TOWN (II out in household, give sitem address) ***AMAN OF TOWN (II out in household, give sitem addres	8463	CERTIFICA	ATE OF DEATH		Reg. Dist. No.	302
S. CITY OF TOWN (If control corporate limits, write and prive necessal town) Hagetstown Hagetstown Hagetstown Hagetstown A STREET ADDRESS 105 Cleartiew Rd. Low 1 A STREET ADDRESS North Models Washington Cty. Hospital Models Washington Cty. Hospital Low 1 A STREET ADDRESS SEX O COLOR OR RACE [7, MARRED Never MARRED 105 Cleartiew Rd. William North Models 105 Cleartiew Rd. William North Model	PLACE OF DEATH o. COUNTY Washington	MARYLAND	o. STATE	L B. COUNTY		re admission)
Hagerstown A NAME OF BOTH A I from in hospital, give tirest odders) Or INSTITUTION Washing ton Cty. Hospital Modely Nor A ARMO Washing ton Cty. Hospital Low Is Restanced. Nor A ARMO Washing ton Cty. Hospital Low Is Restanced. Nor A ARMO Washing ton Cty. Hospital Low Is Restanced. Nor A ARMO Washing ton Cty. Hospital Nor A ARMO Nor A ARMO Washing ton Cty. Hospital Nor A ARMO Nor A ARMO Washing ton Cty. Hospital Nor A ARMO	b. CITY OR TOWN (if outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write R	URAL and give ned	irest lown)
d. SAME OF ROSTITAL (If not in hospital, give street oddress) Washington Cty. Hospital North Mashington Cty. Hospital North Models North M	Hagerstown		Hagersto	own,		
Washington Cty. Hospital 105 GlearVIEW Rd. NAME OF BECASED BECAS	d. NAME OF HOSPITAL (If not in hospital, give street of	oddress)				e. IS RESIDENCE ON A FARM?
Type of print) Lewis Lew		spital	105 Clea	arview Rd.		
MAIO White WIDOWED DIVORCED MATCH 1887 TO THE Months Doys Hours Min. USUAL OCCUPATION (Give sind of work done 100 KIND OF BUSINESS OR INDUSTRY 11. BIRTHFUACE (Side or foreign country) 2 tited Instructor M. State Reformation Reformatio	(Type or print) Lewis	Kennedy	Whiteraft	OF DEATH July	15	19 59
ATHER'S NAME VOCATIONAL REFORMANCE VIEW MATER'S MAIDEN NAME ITB. C. Whitcheft WAS DECEASEDEVER IN U. S. ARMED FORCES? I. SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASEDEVER IN U. S. ARMED FORCES? I. SOCIAL SECURITY NO. 17 INFORMANT Address 2.14-03-/374 MTB. Blanche Whitcheft, 105 Clearview PART I DEATH WAS CAUSED BY PART I DEATH WAS CAUSED BY PART I DEATH WAS CAUSED BY Conditions, if any, which gove rise to immediate to imm			17	lost birthdoy)		
ATHER'S NAME VOCATIONAL REFORMANCE VIEW MATER'S MAIDEN NAME ITB. C. Whitcheft WAS DECEASEDEVER IN U. S. ARMED FORCES? I. SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASEDEVER IN U. S. ARMED FORCES? I. SOCIAL SECURITY NO. 17 INFORMANT Address 2.14-03-/374 MTB. Blanche Whitcheft, 105 Clearview PART I DEATH WAS CAUSED BY PART I DEATH WAS CAUSED BY PART I DEATH WAS CAUSED BY Conditions, if any, which gove rise to immediate to imm	0o. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN O	F WHAT COUNTRY?
MAS DECEASED EVER IN U. S. ARMED FORCES? IN. SOCIAL SECURITY NO. 17 INFORMANT 10. (If you goes not not informable in the control of the cont		. State	Rising	Sun, Md.	U	.S.A.
MAS DECEASED EVER IN U. S. ARMED FORCES? IN. SOCIAL SECURITY NO. 17 INFORMANT 10. (If you goes not not informable in the control of the cont	Ira C. Whiteraft		Mary Mc	Kinsev		
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY CONGITION, Mich Gover rise to immediate couse (o), storing the under: (c) PART I DEATH WAS CAUSED BY CONGITION, which gover rise to immediate couse (o), storing the under: (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19, WAS AUTOPER PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19, WAS AUTOPER PERFORMED? PERFORMED. PER	5 WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17			ress	***
PART I DEATH WAS CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate course (a) stoling the under: DUE TO Conditions, if ony, which gove rise to immediate course (a) stoling the under: DUE TO Course of the course (a) stoling the under: DUE TO Course of the course (b) stoling the under: DUE TO Course of the course		4-03-1374 M	rs. Blanche	Whiteraft,	165 Cl	earview
PERFORMED? 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 200. TIME OF INJURY Month, Day, Year 200 INJURY OCCURRED While of work 200. PLACE OF INJURY (Home, form, p. m. 19 Not white of work 19 Not work 1	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	teriosilera anglete			x - 10	0-ligs
OR CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o. m. Hour o. m. 19 of work of twork of two	Benign Prastox	a hypertia	ephy.		VEN IN PART 1(o)	PERFORMED?
Hour o. m. p. m. 19 While of work of two white of work of two wo		TRIBE HOW INTURY OCCURRE	D (Enter noture of injury in f	ort I or Port II of item 18.)		
alive an	Hour o.m. While	Not white fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	20f. (City or town)	(County)	(Slote)
Burial Cremation, 22b. Date thereof REMOVAL (Specify) 7/18/1959 Oxford Cemetery Or Crematory Oxford, Chester Cty Pa. Funeral Director's Signature Address 24b. Registrar 24b. Registrar's Signature	alive an July 14 195		accurred at 5.77	_M, Fram the causes of ADDRESS (Street, city or town,	and an the da	
REMOVAL (Specify) 7/18/1959 Oxford Cemetery Oxford Chester Cty Pa. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE	PHYSICIAN'S Edward W. Dit	to 111 217	W Washing	ton St		
FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE						(Stole)
Andrew K Coffman Hagerstown Md Days IIII 17'59 College & Kaus	23. FUNERAL DIRECTOR'S SIGNATURE					E - Ca-
STITUT ALL YES OUT I THEN I THOUSE I POWER AND I	Andrew K. Coffman. I	Hagerstown.			Thur I Kine	A.A.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08463 8489 **CERTIFICATE OF DEATH** Reg. Dist. No. with director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) Filed b. COUNTY o. State Maryland **b. COUNTY** Washington MARYLAND Washington funerol hours after death b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) 3 RURAL and give nearest town) 2 Rural Hancock Rural 1 Hancock d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF First Middle 4. DATE Last Month DECEASED DEATH [Type or print] John William Whorton 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 5. SEX IF UNDER I YEAR IF UNDER 24 HRS DATE OF BIRTH last birthday) Months Days WIDOWED | DIVORCED [7] comple 10a USUAL OCCUPATION [Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 1] BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) Orchardist Same Pearre Maryland II-S-A 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward U Whorton Elizabeth . Ashkettle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 217-12-2678 Mrs Beaulah P Whorton Rural No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL SETWIEN ONSET AND DEATH ã PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Myocardial Infarct 10 min Hall.1 DUE TO Conditions, if any, which signed gove rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01) 19 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, fenier nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20s. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) factory, street, affice bldg., etc.) Haur a m. While Not while of work al work p. m. ____, and that death accurred at 6:15pm, from the causes and on the date stated above. olive on ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Thomas NAME (Type) FUNERA 220 BURIAL CREMATION. 22b. DATE THEREO! 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Olivet Cemetery Mt Near Hancock Washington Md. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE DATE JUL 2 7 '59 VS A15 (4) 15M 10/57

e. IS RESIDENCE

Hours

ON A FARM? YES NO

Year

Hancock

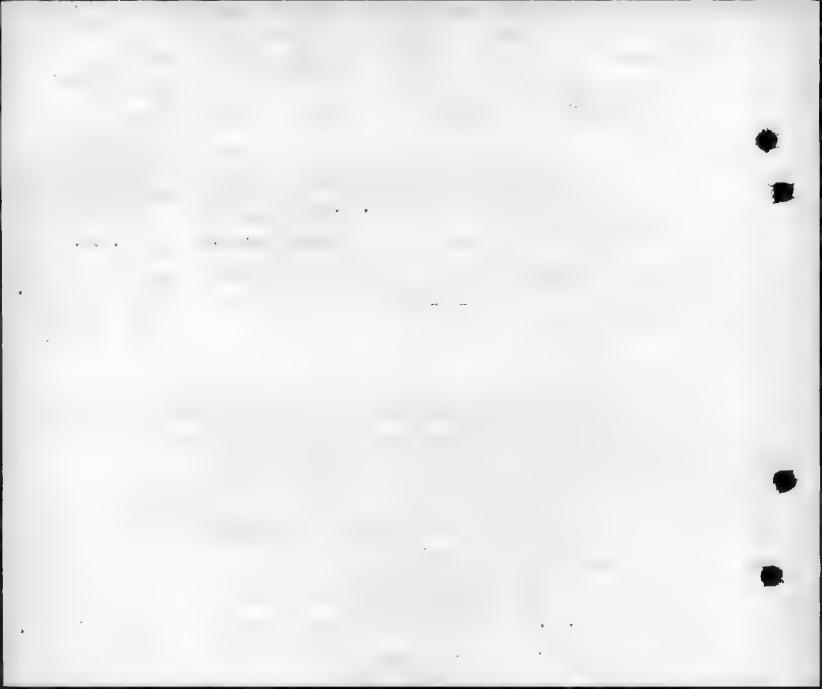
WAS AUTOPSY PERFORMED? YES NO 127

[Stole]

DATE SIGNED

(State)

Min



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	84	64 CERT	IFICATE OF I	DEATH		Reg. Dist. No.	303
PLACE OF DEATH "BUSINESS AND COUNTY IT OUTSIDE COSPORATE INSIDE AND COUNTY OF THE PROPERTY OF	admission)						
b. CITY OR TOWN (If RURAL ond give ne	outside corporate limits, warest town)				porote limits, write RU	RAL and give neare	ist town)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give s	treet oddress)	d. STREET	ADDRESS			IS RESIDENCE ON A FARM? YES NO N
			e Los	4. DATE	_		Yeor 19
	White wo	DOWED DIVORCE	□ Jany 1	0 1957	2 yrs.		
None	N (Give kind of work done ing life, even if retired)	10b. KIND OF BUSINESS (OR INDUSTRY 11. BIRTHP		71 9 11		WHAT COUNTRY USA
					an Gosen		
IS. WAS DECEASED EVER	IN U. S. ARMED FORCES?			ills Ber			# 1
Conditions, if on gove rise to in couse (o), stoling t lying couse lost.	DUE TO (b) (b) DUE TO (c)	Miliary ONS CONTRIBUTING TO DE	Tulls ATH BUT NOT RELATED TO	rularea THE TERMINAL DISE	ASE CONDITION GIVE	Pin Part I(o) 19.	bobly and me
THE EITHER, NOTIFY	MEDICAL EXAMINER)						PERFORMED? YES NO
Hour e.m.	19 V	/hile Not while work 01 work	toctory, street, office	Home, form, 20f. (Ci s bldg., etc.)	ty or town)	(County)	(Stote)
No.	at 1 oftended the dec	me de		12:20 AM, fro		d an the date	
PHYSICIAN'S NAME (Type)				Q			77 /
Burial, CREMATION REMOVAL (Specify) Burial	7/6/59	Green Way	Cemetery	Berkl	ey Sprin	gs Morg	(Stole) an CoW.
23. FUNERAL DIRECTOR'S Andrew K.		ageratown	Md.	240. REC'D BY REGIS	STRAR 246 REGIST	RAR'S SIGNATURE	ve.

TO HOSPITAL OR ATTENDING PHYSICIAE: The fam requires that the destiticate be executed a may be retained by the haspital of ending physician.

TO FUNERAL ECTOR: After this ficate has been signed by the attending physician and camplet page 3 shall be detached far use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 10/57

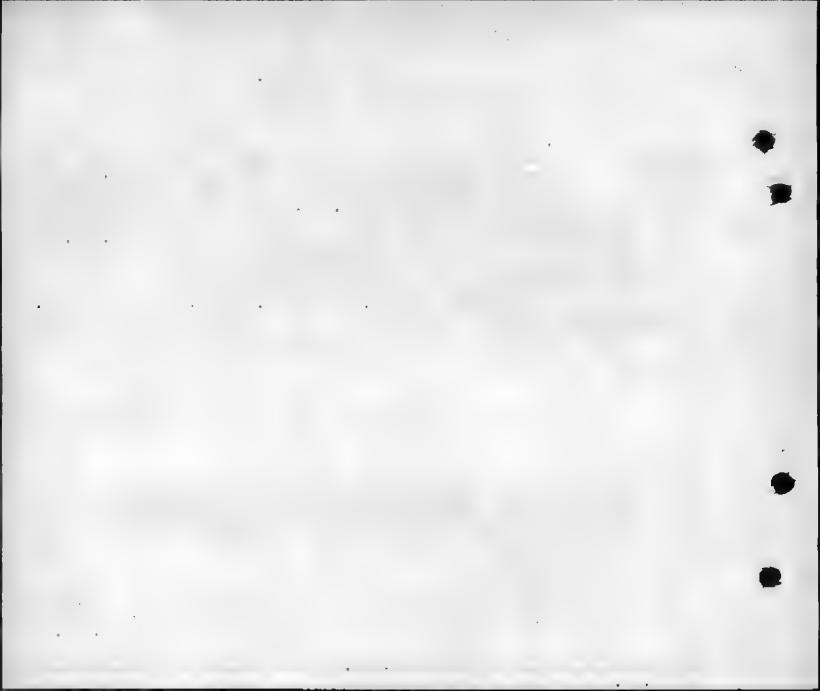
e funeral director, ould be filed with

thin 24 hours after death.



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C. E. Wilson



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TO HOSPITAL OR ATTENDING PH

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8490 **CERTIFICATE OF DEATH**

118466 Rea. Dist. No

o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o STATE Maryland b. COUNTY Wash	before admission)
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Paramount 24 vear	c CITY OR TOWN (If outside corporate limits, write RURAL and gives × Paramount	ve nearest town)
d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NOT
3 NAME OF DECEASED (Type or print) Walter Cleveland	Wolfe 4. DATE Month Of July 2	Day Year 19 59
5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	1.00	YEAR IF UNDER 24 HRS Poys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if retired) Store— owner Grocery	USTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZE Washington Co. Md.	EN OF WHAT COUNTRY?
13. FATHER'S NAME Harvey Wolfe	Cora Delaughter	
	INFORMANT Address	
(Yes, no, or unknown) (If yes, give war or dates of service) 218-30-9663		Md.
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause lost. Coronary Thr DUE TO Arterioscler DUE TO (c)	combosis	Ninutes 2 years
PART H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU None. 70g ACC. DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH		1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	ED (Enter nature of injury in Part I or Part II of item 18.)	
	PLACE OF INJURY (Home, farm, octory, street, office bldg., etc.)	unty) (Stote)
21. I certify that I attended the deceased from March alive on July 3, 19,59, and that death	1, 19 58 to July 27, 1959 that I last the occurred at 6:30 PM, from the causes and on the ADDRESS (Street, city or town, stote) M.D. 119 N. Potomac St.	t saw the deceased date stated above. DATE SIGNED
PHYSICIAN'S Dr. R. A. Bell	Hagerstown Md.	
	en Cemetery Hagerstown Mo	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Scott F. Minnich & Son Hagerstown	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN DATEAUG 3 '59 Outlan & H	

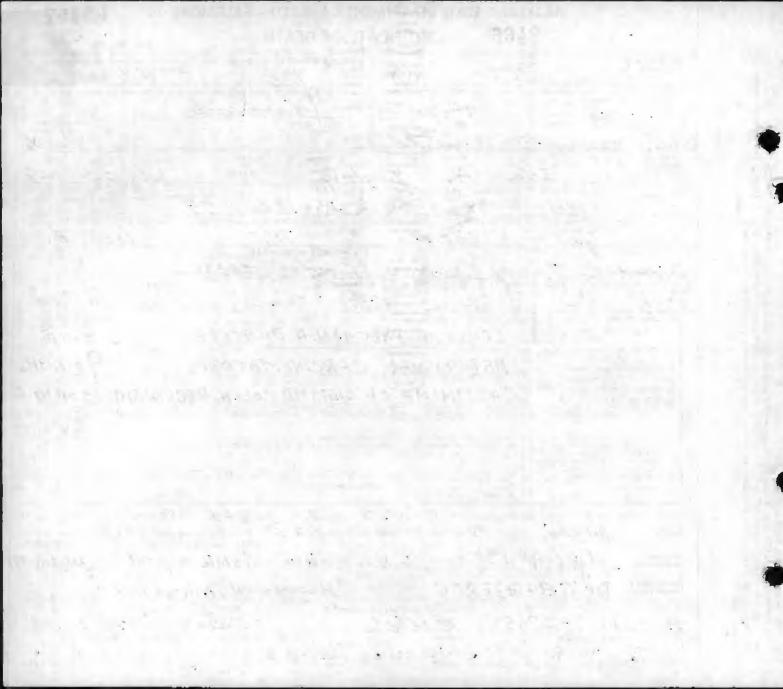


VS A15 (4) 1SM 9/58

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
8466	CERTIFICATE OF DEATH	D.

Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside carporare limits, write RURAL and give nearest town).	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
1	OR INSTITUTION Western Manyland State Hospital	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Tides A Vin	
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years left Wider 1 YEAR IF UNDER 24 HRS. last birthday) 2-25-1880 9. AGE (In years last birthday) yrs. Manths Days Haurs Min.
	10c. USUAL OCCUPATION (Give kind of work dane during most of working life; even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 21. S, A,
	Harred Fleney Wagner	Eudor yore
	15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. II	Herred yeighing - Syfemille, mf.
	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LOBULAR PNE	EUMONIA BILATERAL INTERVAL BETWEEN ONSET AND DEATH 3 DAYS
	153,3 Conditions, if any, which gave rise to immediate DUE TO	CARCINOMATOSIS 9 MENTHS
/	lying cause last. (c) CARCINOMA C	F SIGMOID COLON RECURRENT 13 MONTHS NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
2	OR CONTRIBUTING □ CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of item 18.)
	\$ 20c, TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, 20f. (City ar tawn) (County) (State) ctary, street, affice bldg., etc.)
	21. I certify that I attended the deceased from Mearch alive an fully 24 19 50 , and that death	7, 1959, to 1944, 1959, that I last saw the deceased accurred at 22:28 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
1	ACTUAL GEORGE BECO, InD. PHYSICIAN'S DECEMBER AND	M.D. Wistern Ind. State Hospital Myalings
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	PRICHEMATORY 22d. LOCATION (City, town, gr county) (State)
	BEMOVAL (Specify) 7-27-59 Baile 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Auston, Augula Well. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
y	Jutho H. Hright Sylawille	Med. DATE JUL 29 '59 Chiller S. Klassa



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		9431	CERTIFI	CAT	E OF DEAT	'H		Reg. Dist. N	o .
1. PLACE OF DEATH D. COUNTY	Washington		MARYLAI		o. STATE		d. If institutio b. COUNTY		
RURAL and give n	(If outside corporate limits, searest town)			1Ь				JRAL and give n	
d. NAME OF HOSPI	TAL (If not in hospital, give	street addre		1	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	First Faye	tte	Middle		Younker	4. DATE OF DEATH	Month	5	19 59
5. SEX					22.1902	3.6		Months 193	
during most of wor	rking lire, even it retired			NDUSTRY		- 3	rì		
13. FATHER'S NAME					4. MOTHER'S MAIDEN	NAME			
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15. WAS DECEASED EV (Yes, no, or unknown)		ce}				er 27 W		i-i	acock Md.
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	per line for	(0). (b). and (c).)	de	al In	fait	-		
gove rise to i	iny, which (b)	Con	ezeste	ie	- heard	Lofur	lunc	2 :	5 years
lying cause lost.	(c)_	OUT HONS CONTI	RIBUTING TO DEATH	BUT NO	T RELATED TO THE TER	MINAL DISEASE CO	Olise NDITION GIVE	MSQ /	10 CM
200 ACCIDENT W									PERFORMED? YES NO NO
	MEDICAL EXAMINER								
Hour a.m.	RY Month, Doy, Year	While	Not while	foctory	OF INJURY (Home, fai r, street, office bldg., e	rm, 20f. (City or to	own)	(County	(State)
	hat I attended the d			5					
ACTUAL	and BTK	eme	IEMO) M. N. O.	121 H1ø1				DATE SIGNED
PHYSICIAN'S	rank B. Th	omas	TIT. M.F)	Hancock	Maryla	nd		
b. COUNTY Washington b. COUNTY Washington b. COUNTY OR TOWN (If outside corporate limits, write RURAL and give necessal town) Hangoek Ma. C. CITY OR TOWN (If outside corporate limits, write RURAL and give necessal town) Hangoek Ma. C. CITY OR TOWN (If outside corporate limits, write RURAL and give necessal town) Hangoek Ma. C. CITY OR TOWN (If outside corporate limits, write RURAL and give necessal town) Hangoek Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give necessal town) Hangoek Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give necessal town) Hangoek Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give necessal town) Hangoek Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give necessal town) Hangoek Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give necessal town) Hangoek Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give necessal town) Hangoek Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give necessal town) Hangoek Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give necessal town) Hangoek Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give necessal town) A STREET ADDRESS C. CITY OR TOWN (If outside corporate limits, write RURAL and give necessal town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give necessal town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give necessal town) C. STREET ADDRESS C. CITY OR TOWN (If outside corporate limits, write RURAL and give necessal town) C. STREET ADDRESS C. CITY OR TOWN (If outside corporate limits, write and give necessal town) C. STREET ADDRESS C. CITY OR TOWN (If outside corporate limits, write and give necessal town) C. STREET ADDRESS C. STRE									
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